

**From:** Bruce Moskowitz  
**To:** [Blackburn, Scott R.](#)  
**Subject:** [EXTERNAL] EMR calls  
**Date:** Wednesday, March 14, 2018 12:22:35 PM

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To save time can you tell me if the Cerner contract has a provision to have the EMR that is in Intensive care units interact with a central monitoring system? Currently all major institutions have a command and control center staff that monitors intensive care units located in different hospitals in their system. The future is expanding this to monitor emergency rooms, recovery rooms and telemetry beds. If it is not in place which should be a standard part of the contract we will have billions in further costs to the system.

Sent from my iPad  
Bruce Moskowitz M.D.

**From:** Bruce Moskowitz  
**To:** Windom, John H.; Blackburn, Scott R.  
**Cc:** IP: (b)(6) @gmail.com  
**Subject:** [EXTERNAL] EMR documents  
**Date:** Thursday, March 15, 2018 10:52:11 AM

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I still have not received the EMR documents to review. You have my NDA. Please send ASAP. I am a reasonable speed reader so you can include all pages.

Sent from my iPad  
Bruce Moskowitz M.D.



**From:** Bruce Moskowitz  
**To:** Blackburn, Scott R.  
**Cc:** (b)(6)@gmail.com  
**Subject:** [EXTERNAL] Follow up meeting  
**Date:** Friday, November 24, 2017 7:08:50 PM

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I am speaking for myself and it would seem to me that holding it at Cerner would restrain an open honest discussion of what is needed to insure that we have all the key pieces to have the the EMR that we all see as a necessity to provide the end users with all tools necessary to provide quality care. The five CIO's are very knowledgeable regarding all capabilities of Cerner. I have been an end user of Cerner and know as do the CEO's the process to quickly move the agenda forward. We are committed to your adoption of Cerner as the EMR however being rushed into a contract without due diligence on our part would be problematic. We can be available for a meeting in Washington ASAP fully realizing some will need to be on a conference call. I would recommend an agenda that reflects the way forward by both groups and would recommend you allow Stephanie Reel, Andrew Karson and Marc Sherman to assist in the agenda development.

Sent from my iPad  
Bruce Moskowitz M.D.

**From:** David Shulkin  
**To:** [Blackburn, Scott R.](#)  
**Subject:** [EXTERNAL] Fwd: Call with Secretary Shulkin  
**Date:** Sunday, March 11, 2018 5:55:30 PM

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Can you join me at morning report in the am- 8 or 815 am to discuss next steps on this

Note the emails below

Sent from my iPhone

Begin forwarded message:

**From:** Bruce Moskowitz <(b)(6)@mac.com>  
**Date:** March 11, 2018 at 12:57:53 PM EDT  
**To:** Stephanie Reel <(b)(6)@jhu.edu>, (b)(6)@imail.org,  
(b)(6)@sutterhealth.org, (b)(6)@facs.org <(b)(6)@facs.org>,  
(b)(6)@mayo.edu, "Karson, Andrew Scott, M. D." <(b)(6)@mgh.harvard.edu>  
**Cc:** David Shulkin <(b)(6)@gmail.com>, IP (b)(6)@frenchangel59.com>,  
(b)(6)@gmail.com, (b)(6)@gmail.com, (b)(6)@reagan.com  
**Subject:** Call with Secretary Shulkin

The Secretary will send out an email to set up a conference call to discuss the review of the EMR contract for the VA. This has tremendous importance not just for the VA, but setting a standard for interoperability for the nation and also EMR innovation. I want to take the opportunity to thank everyone for their service to the Veterans and advancing health care for the nation

Sent from my iPhone

**From:** David Shulkin  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] Fwd: Contact review  
**Date:** Monday, March 12, 2018 4:19:03 PM

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Can we get them the nda as well?

Sent from my iPhone

Begin forwarded message:

**From:** IP <(b)(6)@frenchangel59.com>  
**Date:** March 12, 2018 at 2:50:52 PM EDT  
**To:** David Shulkin <(b)(6)@gmail.com>  
**Cc:** (b)(6)@gmail.com" (b)(6)@gmail.com>, (b)(6)@gmail.com" (b)(6)@gmail.com>, Bruce Moskowitz (b)(6)@mac.com>  
**Subject:** RE: Contact review

David,

How quick can you send the NDA to the people?

And why not send it to Bruce, Marc and myself so we can work around the clock to finish this?

Thank you.

-----Original Message-----

**From:** Bruce Moskowitz [(b)(6)@mac.com]  
**Sent:** Monday, March 12, 2018 2:03 PM  
**To:** David Shulkin <(b)(6)@gmail.com>  
**Cc:** IP <(b)(6)@frenchangel59.com> (b)(6)@gmail.com;  
(b)(6)@gmail.com  
**Subject:** Re: Contact review

The following may be discussed on the review however if not, we need to be sure there is a platform for the planned device registry.  
Separately there needs to be the ability to insert a mental health tracker, nutritional tracker and wellness tracker. We do not want to find out there is add on charges for these essential elements of the EMR.  
It also needs to be worked out how mental health records, treatments and appointments do not fall through the cracks during this lengthy implementation.  
The head of Columbia Psychiatry will Dr. Lieberman can assist with this aspect.  
Thank you.

Sent from my iPad  
Bruce Moskowitz M.D.

**From:** David Shulkin  
**To:** [Blackburn, Scott R.](#)  
**Subject:** [EXTERNAL] Fwd: EMR  
**Date:** Tuesday, March 06, 2018 7:10:27 AM

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Can we begin to address and then ill respond back?

Sent from my iPhone

Begin forwarded message:

**From:** Bruce Moskowitz <(b)(6)@mac.com>  
**Date:** March 5, 2018 at 6:49:58 AM EST  
**To:** (b)(6)@gmail.com, (b)(6)@reagan.com  
**Cc:** (b)(6)@gmail.com, IP (b)(6)@frenchangel59.com>, (b)(6)@gmail.com  
**Subject:** EMR

I would like to underscore the importance of getting the “Cloud” correctly and the other four issues with the new CIO’s. Also the composition of the physician input has to change immediately so that the EMR is patient centric and usable from the physician perspective.

Second this is going to take years to implement and especially in mental health we need a portable EMR solution that works with the DOD, the VA and the private sector. No one at the VA got back to me on what the Apple project can and can not do in terms of solving this problem.

Sent from my iPad  
Bruce Moskowitz M.D.

**From:** Bruce Moskowitz  
**To:** Blackburn, Scott R.  
**Cc:** Marc Sherman; Windom, John H.; (b)(6)  
**Subject:** [EXTERNAL] Re: Dr. Cooper - Cloud expertise  
**Date:** Monday, March 19, 2018 6:00:02 PM

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Perfect

Sent from my iPad  
Bruce Moskowitz M.D.

On Mar 19, 2018, at 2:45 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

FYI. Dr. Cooper's time tomorrow night is limited (he will be in between flights). Given he is a "single issue" guy; we are going to start the call at 7:30 and cover the Cloud issue from 7:30-8pm ET before everyone else joins at 8pm ET. I think we will have everyone except Stan Huff and Dr. Ko on the call (b)(6)s working a time on Wednesday to get them on a call.

Scott

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**From:** Blackburn, Scott R.  
**Sent:** Monday, March 19, 2018 2:40 PM  
**To:** (b)(6); Cooper, Leslie T., M.D.  
**Cc:** Windom, John H.; (b)(6); Short, John (VACO)  
**Subject:** RE: [EXTERNAL] VA EHR Call Update

Thank you, Dr. Cooper. Dr. Moskowitz mentioned very specifically to me that we should get your perspective on cloud so that we know we have that part correct. I am thinking we cover that issue from 7:30-8pm ET before others join at 8pm.

Thank you again for the support.  
Scott

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**From:** (b)(6)  
**Sent:** Monday, March 19, 2018 1:38 PM  
**To:** Cooper, Leslie T., M.D.  
**Cc:** Blackburn, Scott R.; Windom, John H.; (b)(6)  
**Subject:** RE: [EXTERNAL] VA EHR Call Update

Dr. Cooper, thank you for your response. I have sent two outlook invites, one starting at 7:30PM EST for you to participate in as well as the 8PM EST with the group. Please let me know if you have any questions.

Thanks,

(b)(6)

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**From:** Cooper, Leslie T., M.D. [(b)(6)]@mayo.edu]

**From:** Bruce Moskowitz  
**To:** [Blackburn, Scott R.](#)  
**Subject:** [EXTERNAL] Re: EHR Call Update as of 8PM  
**Date:** Saturday, March 17, 2018 8:41:04 AM

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Will assist if needed

Sent from my iPad  
Bruce Moskowitz M.D.

On Mar 16, 2018, at 9:44 PM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Bruce – I just wanted to give you a heads up. We might need your help to politely nudge a few folks. I'll send each a personal note in the morning to check in and make sure they have everything they (and understand the sense of urgency). If I don't have any luck, I'll let you know.

I agree with your quicksand analogy. Politically we expect Congress to pass a budget (omnibus) on March 23. Cerner has strong incentive to sign March 31 or earlier (end of their financial quarter). So as long as don't find any major showstoppers, I believe we have a nice 2 week window to close this (and then get the hard work started).

Thanks again for all your support. At McKinsey we used to use the term "demanding partner". You've been a great demanding partner to make sure we get this right.

Scott

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**From:** (b)(6)  
**Sent:** Friday, March 16, 2018 8:01 PM  
**To:** Blackburn, Scott R.  
**Subject:** EHR Call Update as of 8PM

Good evening Mr. Blackburn,

As of 8PM I have received responses from a few more folks, the "x" indicates they are available.

	Sunday	Monday	Tuesday
Moskowitz	X	X	X
Perlmutter			
Sherman			
Reel	X		
Huff		X	
Rasu			
Manis			X
Ko			
Cooper			
Karson			X
Windom	X	X	X
Blackburn	X	X	X
(b)(6)	X	X	X

confirmed for Monday at 2PM contract overview

**From:** Marc Sherman  
**To:** Blackburn, Scott R.; Bruce Moskowitz  
**Subject:** [EXTERNAL] Re: FW: VA EHR Call  
**Date:** Monday, March 19, 2018 8:21:56 AM

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Scott

In response to your question, I will be on the call at noon today.

Marc

Marc Sherman

(b)(6)

On Mar 18, 2018 3:11 PM, "Blackburn, Scott R." <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Bruce/Marc – I hope you are both having a great weekend.

We have a call scheduled from noon-12:45 tomorrow. The intent of this was to have our contracting guys (John Windom, (b)(6)) walk you through how to read the government contract (which is obviously very different from typical private sector contracts). I just want to make sure you are clear on the purpose of this call and check to make sure you still want to do this. We did this with each of the CIOs/Doctors last week.

Scott

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**From:** (b)(6)  
**Sent:** Sunday, March 18, 2018 2:36 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA EHR Call

Mr. Blackburn, I had scheduled this call with Dr. Bruce and Marc Sherman for the contract overview. Do you want to keep it or can I cancel it? Thanks (b)(6)

-----Original Appointment-----

**From:** VA CIO Executive Schedule  
**Sent:** Thursday, March 15, 2018 11:23 AM  
**To:** VA CIO Executive Schedule; (b)(6); Blackburn, Scott R.; Windom, John H.; (b)(6) @Bruce Moskowitz, MD; Marc Sherman; Bruce Moskowitz  
**Subject:** VA EHR Call  
**When:** Monday, March 19, 2018 12:00 PM-12:45 PM (UTC-05:00) Eastern Time (US & Canada).  
**Where:** (b)(6)

**From:** Marc Sherman  
**To:** Blackburn, Scott R.  
**Cc:** Bruce Moskowitz; (b)(6)  
**Subject:** [EXTERNAL] Re: VA EHR call  
**Date:** Sunday, March 18, 2018 12:37:23 PM

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Yes, that works for me.

Marc Sherman

(b)(6)

On Mar 18, 2018 12:28 PM, "Blackburn, Scott R." <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Bruce/Marc – it is looking like Tuesday 8pm ET is going to work best for our CIOs/Doctors. We will have at least 4 people confirmed (Manis, Reel, Shretha and Karson; likely Stan Huff as well which would make 5). Dr. Cooper I know is a single issue SME so we can probably do that one separately. Dr. Ko has a tough schedule all this week.

Would Tuesday 8pm work for you/Marc? If so – we will press for that time. I will get everyone from VA who needs to be on the call, on the call at that time.

Thanks again for the help,

Scott

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**From:** (b)(6)  
**Sent:** Saturday, March 17, 2018 5:29 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR

It looks like if we do 8PM on Tuesday we can get:

Manis

Reel

Rasu

Karson (probably joining late)



**From:** IP  
**To:** Marc Sherman; Blackburn, Scott R.  
**Cc:** (b)(6)@gmail.com; Bruce Moskowitz; (b)(6); Windom, John H.; DJS  
**Subject:** [EXTERNAL] RE: VA EHR NDA  
**Date:** Tuesday, March 13, 2018 2:08:25 PM  
**Attachments:** Perlmutter.EHR NDA v2 mbs.pdf

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Attached is my signed NDA. Thank you.

**From:** Marc Sherman [mailto:(b)(6)@gmail.com]  
**Sent:** Tuesday, March 13, 2018 1:40 PM  
**To:** Blackburn, Scott R.  
**Cc:** IP; (b)(6)@gmail.com; Bruce Moskowitz; (b)(6); Windom, John H.; DJS  
**Subject:** Re: VA EHR NDA

Scott, (b)(6) and John

Thank you for the NDA draft that you sent along and the organized approach. I have attached the following to close the loop:

1. a marked up version of the NDA with a few necessary adjustments in red-line so you can see the changes that were made,
2. a blank copy of the amended NDA for Bruce and Ike to sign, and
3. a signed version by me of the amended NDA.

Thanks and happy to help as requested.

Marc

On Tue, Mar 13, 2018 at 10:31 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:  
Ike, Bruce, Marc:

Thank each of you for agreeing to lend an extra set of outside eyes on the EHR contract. We appreciate your support and want to make sure we get to the best place possible for Veterans, the country and taxpayers. As we are incredibly grateful to you for volunteering your time, we want to make this as easy as possible for you. Here are 3 next steps.

- 1) We will need you to sign the attached NDA. Please return to (b)(6) (cc'd).
- 2) (b)(6) will then send you the latest package under separate cover.
- 3) Given government contracts are different than what you are used to reading, we would propose a quick phone call so that we can orient you to the contract and help focus you on the parts where your expertise will be most valuable. (b)(6) (who is the government contracting officer) and John Windom (who is our EHR leader) will lead this from our side. I will ask (b)(6) (cc'd) here to help set up a time. We can either do this all together, if calendars match up, or separately if need be.

We have also connected with Stephanie Reel, Stan Huff, Dr. Karson, Dr. Ko, Dr. Shretha, and Jon Manis who all have all received the NDA and we are working with them. I am hoping to connect with Dr. Cooper today.

Thanks again!  
Scott

**Scott Blackburn**

Acting CIO & Executive-in-Charge, Office of Information & Technology  
Department of Veterans Affairs

**From:** Bruce Moskowitz  
**To:** Marc Sherman  
**Cc:** Blackburn, Scott R.; (b)(6)@mgh.harvard.edu  
**Subject:** [EXTERNAL] Re: VA interoperability - outside experts  
**Date:** Tuesday, January 02, 2018 6:16:23 AM

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Also is there a call in number

Sent from my iPad  
Bruce Moskowitz M.D.

On Jan 2, 2018, at 6:09 AM, Marc Sherman (b)(6)@gmail.com> wrote:

Scott,

Andrew Karson will likely be able to attend the January 5 VA interoperability summit. Can you please send Andrew all of the details (about purpose, logistics etc) and copy me and Bruce? I have included Andrew on this email so you each have contact info of the other.

Marc

Marc Sherman

(b)(6)

On Dec 29, 2017 5:43 PM, "Blackburn, Scott R." <Scott.Blackburn@va.gov> wrote:

Marc – Happy New Year! I hope you are enjoying the holidays.

As I mentioned previously, MITRE is helping us get outside expert opinions on what we need to demand (from Cerner or elsewhere) to meet our interoperability needs. I just found out they are putting together an all-day expert panel on January 5 at MITRE in McLean VA. Frank Opelka, who you recommended, will be there as will Cris Ross (CIO from Mayo Clinic) who MITRE confirmed independently. The list of confirmed participants is below (I know they are working on confirming a few others).

I know it is short notice, and over the holidays, but is there anyone else that you/Bruce would recommend MITRE include?

Current list of participants:

- Aneesh Chopra, President, CareJourney, former United States Chief Technology Officer
- Cris Ross, CIO, Mayo Clinic
- Carla Smith, President, HMMS
- Ryan Howells, Principal, Leavitt Partners, LLC (recommended by Chris Liddell, Office of American Innovation)
- Paul R. Sutton, MD, PhD, University of Washington
- Frank Opelka, MD, American College of Surgeons
- Kenneth Mandl, MD, MPH, Boston Children's Hospital

Updated confirmed panelist list for Friday, January 5, plus emails:

- Aneesh Chopra, President, CareJourney, former United States Chief Technology Officer;  
(b)(6)@carejourney.com
- Charles E. (Chuck) Christian, VP Technology and Engagement, Indiana Health Information Exchange; (b)(6)@ihie.org
- John Doerr, Kleiner Perkins Caufield & Byers; (b)(6)@kpcb.com
- Ryan Howells, Principal, Leavitt Partners, LLC; (b)(6)@leavittpartners.com
- Andrew Karson, M.D., MGH (b)(6)@mgh.harvard.edu
- Chris Klomp, CEO, Collective Medical Technologies, Inc.;  
(b)(6)@collectivemedicaltech.com
- Kenneth Mandl, MD, MPH, Professor, Boston Children's Hospital, Harvard Medical School;  
(b)(6)@childrens.harvard.edu
- Frank Opelka, MD, American College of Surgeons; (b)(6)@facs.org
- Peter J. Pronovost, MD, PhD, Johns Hopkins; (b)(6)@jhmi.edu
- Christopher J. (Cris) Ross, CIO, Mayo; (b)(6)@mayo.edu
- Carla Smith, Executive Vice President, HIMSS; (b)(6)@himss.org
- Paul R. Sutton, MD, PhD, University of Washington; (b)(6)@u.washington.edu

### Observers

Ash Zenooz  
John Short  
Camilo Sandoval  
Drew Myklegard (DVP)  
Kyle Sheetz  
Jon White (UNC)  
Jeet Guram (CMS)  
(IHS)  
Bill James (OIT)

### 3pm report out

Sec Shulkin  
Dep Sec BOWMAN  
USH Clancy  
John WINDOM  
CHRIS LIDDELL

### Questions

DR. BRUCE M

**From:** Blackburn, Scott R.  
**To:** Windom, John H.; Zenooz, Ashwini; Short, John (VACO)  
**Subject:** FW: [EXTERNAL] EMR calls  
**Date:** Thursday, March 15, 2018 10:32:00 AM

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-----Original Message-----

From: Bruce Moskowitz (b)(6)@mac.com]  
Sent: Thursday, March 15, 2018 9:52 AM  
To: Blackburn, Scott R.  
Cc: IP; (b)(6)@gmail.com; O'Rourke, Peter M.  
Subject: Re: [EXTERNAL] EMR calls

Thank you this is important information. I can walk everyone through the device registry and the nutritional platform.

The critical area that is the main part of your due diligence which is much appreciated is remote patient monitoring. This will be the hospital platform of the very near future for the VA and is already well done in the private sector. Chris Ross CIO at Mayo made a good point that the contract should not tie the VA to only this vendor for this important function. This technology is getting better at an accelerated pace. We could get stuck with a platform that is outdated and the contract will not allow us to innovate with another platform.

Sent from my iPad  
Bruce Moskowitz M.D.

> On Mar 15, 2018, at 9:24 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

>

> Bruce, thanks for raising this. Below is what I learned about what we have for intensive care units interacting with a central monitoring system. Let me know if this sounds right to you. Also you rattled off a couple of things (nutritional layout from Tufts, field to input the serial number for items in the device registry); if you could send me those I can hunt those down as well to save time. I just got off the phone with Stephanie Reel and she is excited to help; speaking to a few others at 11:30am ET.

>

> The Cerner solution for ICU central monitoring, as part of the VA EHR, utilizes Cerner's CareAware iAware framework through the Apache Outcomes solution. This solution has the capability to configure dashboard views to enable monitoring of high acuity areas, specifically around performance and patient care. This capability is included in the scope of the Cerner acquisition as the Critical Care System, Cerner Apache Outcomes solution and End User License Agreement.

>

> Does this capability also monitors emergency rooms, recovery rooms and telemetry beds?

> The current acquisition solutions meet these requirements and can be configured into a central command center model.

> \* Emergency Room: Emergency Department (ED) Dashboard is built into the Emergency Department Care Management to monitor progression of patients through the patient care process. This solution has been included as an Emergency Medicine System and End User License Agreement.

> \* Recovery Room: Surgical Management solution has tracking boards to monitor patient progress and efficiency of care provided. This solution has been included as Perioperative System and End User License Agreement.

> \* Telemetry Beds: Traditional central monitoring systems as are used in telemetry, exist within the VA's current environment. During the acquisition process it was decided that these solutions will persist into the future state to reduce costs for the VA. However, the acquisition includes integration of this capability.

>

> In addition to these monitoring capabilities, CareAware Patient Flow, which is Cerner's capacity management solution that helps to operationalize patient care activities such as room cleaning offers specific dashboards that can be centralized to support a central command center model.

>

**From:** Blackburn, Scott R.  
**To:** Windom, John H.  
**Subject:** FW: [EXTERNAL] Fwd: Call with Secretary Shulkin  
**Date:** Sunday, March 11, 2018 10:10:00 PM

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FYI. I will learn more tomorrow morning.

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**From:** David Shulkin [mailto:(b)(6)@gmail.com]  
**Sent:** Sunday, March 11, 2018 5:55 PM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] Fwd: Call with Secretary Shulkin

Can you join me at morning report in the am- 8 or 815 am to discuss next steps on this

Note the emails below

Sent from my iPhone

Begin forwarded message:

**From:** Bruce Moskowitz <(b)(6)@mac.com>  
**Date:** March 11, 2018 at 12:57:53 PM EDT  
**To:** Stephanie Reel <(b)(6)@jhu.edu>, (b)(6)@imail.org,  
(b)(6)@sutterhealth.org, (b)(6)@facs.org <(b)(6)@facs.org>,  
(b)(6)@mayo.edu, "Karson, Andrew Scott, M. D."  
(b)(6)@mgh.harvard.edu>  
**Cc:** David Shulkin <(b)(6)@gmail.com>, IP (b)(6)@frenchangel59.com>,  
(b)(6)@gmail.com (b)(6)@gmail.com, (b)(6)@reagan.com  
**Subject:** Call with Secretary Shulkin

The Secretary will send out an email to set up a conference call to discuss the review of the EMR contract for the VA. This has tremendous importance not just for the VA, but setting a standard for interoperability for the nation and also EMR innovation. I want to take the opportunity to thank everyone for their service to the Veterans and advancing health care for the nation

Sent from my iPhone

**From:** Blackburn, Scott R.  
**To:** (b)(6)  
**Subject:** FW: [EXTERNAL] Re: EHR VA Call  
**Date:** Thursday, March 15, 2018 2:21:07 PM

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Let's see if we can do one big call next week.

Sent with Good (www.good.com)

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**From:** Bruce Moskowitz  
**Sent:** Thursday, March 15, 2018 1:27:32 PM  
**To:** Windom, John H.; Blackburn, Scott R.; (b)(6)  
**Cc:** (b)(6)@gmail.com; IP; O'Rourke, Peter M.  
**Subject:** [EXTERNAL] Re: EHR VA Call

I want to make sure we are all in agreement of how this is structured. Marc and I want to be on every call that the group is on to discuss the contract. The whole group needs to be on the same call so we all give input to the whole contract and hear the same considerations and comments. Let me know if there is any discrepancy to this. Thank you

Sent from my iPad  
Bruce Moskowitz M.D.

On Mar 15, 2018, at 12:28 PM, VA CIO Executive Schedule <[vacocioexe@va.gov](mailto:vacocioexe@va.gov)> wrote:

<mime-attachment.ics>



**From:** Blackburn, Scott R.  
**To:** Sandoval, Camilo J.  
**Subject:** FW: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu  
**Date:** Wednesday, March 07, 2018 2:43:00 AM

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**From:** Bruce Moskowitz [mailto:(b)(6)@mac.com]  
**Sent:** Wednesday, February 28, 2018 4:53 PM  
**To:** Blackburn, Scott R.  
**Cc:** DJS; Marc Sherman; O'Rourke, Peter M.; IP: (b)(6)@gmail.com  
**Subject:** Re: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Thank you progress is being made but as my group keeps saying devil is in the details

Sent from my iPhone

On Feb 28, 2018, at 4:36 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce – as promised here is more information on what we will have to address the other 4 issues you mentioned. I still owe you device registry. Let me know if this makes sense or not. Also happy to get you on the phone directly with my experts. - Scott

**Voice Recognition.**

Our new Cerner EHR platform includes Enterprise Dragon Nuance. VHA currently deploys the enterprise version which maintains people voice print and the Clinical Staff say it works very well (my primary care provider at the Washington VA Medical Center uses it). Cerner will port over the voice prints so the clinicians that use it today will be able to use it tomorrow in Cerner without any rework. The Clinician can use the dictation and other features with voice recognition.

**How will all entered lab data, from any source, be available on a graph**

Graphs will be available in 2 spots. 1. Workflow MPAGE lab Component and 2. Results review flowsheet. When outside labs are mapped we would use the same names as internal and then they would appear on the same line. Even if they are not exactly named the same the results review flowsheet allows for 2 different lab values to be graphed together.

**Catching test duplication, over utilization and medication duplication/errors at time of ordering instead of after the fact**

All tests are configured to have a time where an alert is issued based on parameters we configure and can flex by venue. Over utilization will be avoided with real time alerting but VA would have to use a mechanism to monitor, via report. The med duplication is configured similarly to test and parameters will determine how the system acts. Tall man lettering reduces errors in look alike, sound alike meds, and finally in instances we identify errors we can configure rules to catch those. For meds all allergy checking, dupes, dose range checks, and interactions are checked at time of ordering. As an aside, while the DoD Cerner implementation has been far from perfect this is one area where it has been very successful; the new DoD/Cerner system has already prevented over 15,000 duplicate tests at their initial three sites that have been implemented.

**Streamlined SOAP notes.**

Yes, the VA/Cerner system will have this. These are provided and will be further configured under VA direction to meet VA clinician needs.

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**From:** Blackburn, Scott R.  
**Sent:** Wednesday, February 28, 2018 2:30 PM  
**To:** 'Bruce Moskowitz'  
**Cc:** DJS; Marc Sherman; O'Rourke, Peter M.; IP: (b)(6)@gmail.com  
**Subject:** RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Bruce – we certainly aren't going to let you get tar and feathered! Again, we really appreciate all the support you've given us.

On these other 4, I'll get you answers on these ASAP. I know these are topics you've brought up in past and we were definitely listening. I've been hammering the team to make sure we incorporate all this feedback into the negotiation. Let me send you the specifics where we have landed to make sure that we got them right. Stand by...

Scott

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**From:** Bruce Moskowitz [mailto:(b)(6)@mac.com]  
**Sent:** Wednesday, February 28, 2018 1:13 PM  
**To:** Blackburn, Scott R.  
**Cc:** DJS; Marc Sherman; O'Rourke, Peter M.; IP: (b)(6)@gmail.com  
**Subject:** Re: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Thank you my five CIO's had looked forward to tar and feathering me if the cloud is not done correctly!  
The other issues are:

• Voice Recognition

• All entering lab data on a graph from any source

• Catching test duplication, over utilization and medication duplication/errors at time of ordering not after the fact

• Streamlined SOAP notes

Sent from my iPad  
Bruce Moskowitz M.D.

On Feb 28, 2018, at 12:52 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce – this is incredibly helpful. Thank you very much. I had my team dig into this this more this morning. What you have stated below is clearly the intent (we need everything to be OPEN and absolutely do not want to inadvertently create vendor lock); we've also gone back this mornign to confirm with Cerner that this is their intent. We are going to alter the language to make this more clear. We don't anticipate any pushback. A few things I learned this morning...

- The contract does NOT lock us in to Amazon Web Services (AWS). Rather any cloud provider or applications that meet security and privacy requirements to protect Veteran data can interface with Open APIs or push data to the VA/Cerner system.
- Currently 3 cloud providers meet the Government security requirements – AWS, Azure/Microsoft and CSRA. There are several others that we expect to come on board soon including Google and VirtuStream/Dell. At VA, we use both AWS and Azure right now. Again, the goal here is to create open environment as long as the provider meets certain standards (these standards are dictated by GSA, not VA).
- Cerner does have a partnership with AWS (which is why we highlighted that) but it is just one example of the open could environments they are planning to work with. We have confirmed that it will be OPEN and not proprietary to their specific AWS cloud.
- DoD is excited to follow our lead on all of this. I spent the morning at the Pentagon with the DoD CIO/team. This will help not just Veterans, but servicemembers still in uniform.

Thanks again for the feedback and support. We are going to make sure this is crystal clear.

Scott

**From:** Bruce Moskowitz [mailto:(b)(6)@mac.com]  
**Sent:** Tuesday, February 27, 2018 9:29 PM  
**To:** Blackburn, Scott R.  
**Cc:** DJS; Marc Sherman; O'Rourke, Peter M.; IP: (b)(6)@gmail.com  
**Subject:** [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Apologize for the wording instead of their commercial cloud a cloud based system open  
To all entities and instead of Amazon it should be all platforms working to accelerate health care initiatives

Sent from my iPad  
Bruce Moskowitz M.D.

On Feb 27, 2018, at 9:20 PM, Bruce Moskowitz <(b)(6)@mac.com> wrote:

To clarify further it states their commercial cloud instead a commercial cloud  
Open to all entities and of equal importance an open platform to all not just amazon but to all  
Working on

Sent from my iPad  
Bruce Moskowitz M.D.

On Feb 27, 2018, at 8:20 PM, Bruce Moskowitz <(b)(6)@mac.com> wrote:

This is a problem it should say open cloud to all entities not commercial cloud  
Second it should be open platform and not just Amazon to all entries working on health care platforms.

Sent from my iPhone

On Feb 27, 2018, at 6:09 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

David/Bruce/Marc – here are a few updates:

#1) **Rasu is all** in as far as starting to help right away. I just got off the phone with him. He has UPMC commitments rest of this week and is Chairman of HIMSS Innovation committee (so we will all be at HIMSS together next week). However if he needs to come to Washington this week for something, he will find a way to do it (and we will use invitation travel to pay for it). He is willing to start engaging right away to help us. He said he doesn't have to wait for the IPA paperwork to come through for him to help. I've attached Rasu's CV in case you need it.

#2) **The APIs are cloud based.** Here is the response from our Technical lead...

- The Open APIs that VA has access to from Cerner reside in their Commercial Cloud environment. This environment is designed to scale to accommodate Cerner's entire remote hosted customer base.
- In a recent press release Cerner and Amazon announced that they would be working together in cooperation to accelerate HealthCare Innovations.

#3) **Below is the IP language** that we negotiated. This is what caused Aneesh Chopra (one of the experts on our MITRE panel) to jump out of his chair last week. He claims this is the holy grail that no other healthcare system has been able to get from either Cerner or Epic. Aneesh claims that as a result of what we've negotiated below, that other healthcare systems will be willing to join us in the attached pledge (shall we decide to go forward with it) and we could do this next week at HIMSS. When I spoke to Rasu, he told me Aneesh had already called him about this and that UPMC would be willing to sign this pledge.

Of importance: Third party API developers shall retain their IP rights when their API is used to connect to the Cerner interface, and there will be no derivative Contractor IP ownership when third parties consume Cerner terminology through open APIs.

Regarding the question on sharing development with others, see PWS Section 5.5.4 opening paragraph: To accelerate better and more responsive service to the Veteran, VA is making a deliberate shift towards becoming a standards-based API driven digital enterprise. A cornerstone of this effort is the setup of a strategic Open API Program, The Digital Veteran Platform API Gateway, that is adopting an outside-in, value-to-business driven approach to create API's that are managed as products to be consumed by developers within and outside of VA.

Finally, Cerner's response and the final negotiation language on sharing their data model as a result of the Interoperability Panel findings is as follows, Cerner agreed to suggested addition of PWS paragraph 5.8(h) as highlighted at no additional cost:

49	Understand how Cerner will provide the VA with access to the data model, share data for analytics freely to 3 <sup>rd</sup> parties, increase the amount of computable data exchanged with 3 <sup>rd</sup> parties.  Panelists acknowledged this recommendation is a stretch goal.	RFP Section 5.8 address the support to business intelligence and data analytics. Section 5.10.4.1 supports the sharing of Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) with both international and national standards designating organizations. However, current language does not require access to the EHRM data model, supporting understanding of and therefore increase the exchange of computable data with community care providers.	Suggest adding to RFP Section 5.8: "h) Provide the VA EHRM data model, underpinning terminology model, tables, definitions, and examples of fully populated Veteran data files. Provide documentation or software that is used for quality checks and that illustrate what data elements are computable."  Suggest adding to Section 5.10.4.1: "n) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, order sets, etc. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies."  Suggest VA obtain a price from the Contractor to provide a report explain the steps involved in accessing the data model, including producing an example data file, and demonstrating how much of the data is computable; provide cost estimates for outside parties to access the data via this mechanism.	<b>Cerner Concur, with requested change:</b>  Suggest adding to Section 5.10.4.1: "n) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies."	Concur with Cerner edit, negotiated inclusion at no additional cost.  Cerner's edits consistent with intent of recommendation.
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-Scott

<EHRM \_ National Interoperability Cooperative Commitment (NIC2) - DRAFT\_2....pptx>  
<Rasu Shrestha MD\_v2018 02\_CV and Bio2.pdf>

**From:** (b)(6)  
**To:** Blackburn, Scott R.  
**Subject:** FW: [EXTERNAL] Re: VA EHR call  
**Date:** Sunday, March 18, 2018 2:16:02 PM

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Mr. Blackburn, let me know if I can send the invite out for Tuesday at 8PM. It looks like Dr. Cooper can now join for the first half of the call. Thanks, liz

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**From:** Bruce Moskowitz [mailto:(b)(6)@mac.com]  
**Sent:** Sunday, March 18, 2018 1:50 PM  
**To:** Blackburn, Scott R.  
**Cc:** Marc Sherman; (b)(6)  
**Subject:** [EXTERNAL] Re: VA EHR call

Ok

Sent from my iPad  
Bruce Moskowitz M.D.

On Mar 18, 2018, at 12:28 PM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Bruce/Marc – it is looking like Tuesday 8pm ET is going to work best for our CIOs/Doctors. We will have at least 4 people confirmed (Manis, Reel, Shretha and Karson; likely Stan Huff as well which would make 5). Dr. Cooper I know is a single issue SME so we can probably do that one separately. Dr. Ko has a tough schedule all this week.

Would Tuesday 8pm work for you/Marc? If so – we will press for that time. I will get everyone from VA who needs to be on the call, on the call at that time.

Thanks again for the help,  
Scott

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**From:** (b)(6)  
**Sent:** Saturday, March 17, 2018 5:29 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR

It looks like if we do 8PM on Tuesday we can get:

Manis  
Reel  
Rasu  
Karson (probably joining late)

I know Dr. Ko is on travel Tuesday, but I haven't heard what time he lands.  
I think Dr. Cooper is also on travel and has not responded to the last email.  
Dr. Huff has not responded to the last email.

So maybe we go with Tuesday at 8PM. Depending on what Ko, Cooper and Huff say we can let Dr. Bruce engage with them if needed.

Let me know...

(b)(6)

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**From:** Blackburn, Scott R.  
**Sent:** Saturday, March 17, 2018 2:28 PM  
**To:** (b)(6)  
**Subject:** FW: [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR  
**Importance:** High

Maybe pulse Monday/Wednesday nights as well (seems after 6pm might work best for these folks)? Then i think we should just pick one (either Mon, Tues or Wed night) and just go with it.

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Karson, Andrew Scott,M.D.  
**Sent:** Saturday, March 17, 2018 2:23:32 PM  
**To:** (b)(6)  
**Cc:** Blackburn, Scott R.; (b)(6) Windom, John H.  
**Subject:** [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR

Dear (b)(6) I am participating in a ceremony at 630 pm on Tuesday, but I could be on the VA call any time before that. (Also, I'll try to learn more about the timing of my other event to see if/when I could break away after 6:30 if needed.)

Thanks and best,  
Andy

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**From:** (b)(6)@va.gov]  
**Sent:** Saturday, March 17, 2018 12:15 PM  
**To:** Karson, Andrew Scott,M.D. (b)(6)@mgh.harvard.edu>  
**Cc:** Blackburn, Scott R. <Scott.Blackburn@va.gov>; Truex, Matthew (b)(6)@va.gov>; Windom, John H. <John.Windom@va.gov>  
**Subject:** RE: Scheduling a Call Regarding Feedback on VA EHR  
**Importance:** High

Good afternoon Dr. Karson,

Thank you again for confirming Tuesday works best for you. If we started the call later in the evening, between 5-8PM EST would you still be available? So far Tuesday seems

to work best for everyone.

Thanks again!

(b)(6)

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**From:** Karson, Andrew Scott, M.D. (b)(6)@mgh.harvard.edu]  
**Sent:** Friday, March 16, 2018 7:22 PM  
**To:** (b)(6)  
**Subject:** [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR

Dear (b)(6) so sorry for the delay getting back to you; I have been on the road most of yesterday/today and first catching up on emails now. The only time among those three that I can do is the Tuesday time. (I will be part of an out of town family event on Sunday and in the air on Monday.)

Many thanks and best,  
Andy

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**From:** (b)(6)@va.gov]  
**Sent:** Friday, March 16, 2018 7:12 PM  
**To:** Stan Huff (b)(6)@imail.org>; Cooper, Leslie T., M.D. (b)(6)@mayo.edu>; Karson, Andrew Scott, M.D. (b)(6)@mgh.harvard.edu>; Shrestha, Rasu B (b)(6)@upmc.edu>; Rasu Shrestha (b)(6)@gmail.com>  
**Cc:** Blackburn, Scott R. <Scott.Blackburn@va.gov>; Windom, John H. <John.Windom@va.gov>; Truex, Matthew (b)(6)@va.gov>  
**Subject:** RE: Scheduling a Call Regarding Feedback on VA EHR  
**Importance:** High

Good evening,

Another friendly reminder to please let me know which dates works best for your schedule.

Have a great evening,

(b)(6)

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**From:** (b)(6)  
**Sent:** Friday, March 16, 2018 1:06 PM  
**To:** 'Stephanie Reel'; 'Stan Huff'; (b)(6)@facs.org'; 'Cooper, Leslie T., M.D.'; 'Karson, Andrew Scott, M.D.'; 'Shrestha, Rasu B'; 'Rasu Shrestha'  
**Cc:** Blackburn, Scott R.; Windom, John H. (b)(6) 'Bruce Moskowitz'; (b)(6)@Bruce Moskowitz, MD'; 'Ashley Johnson'; 'Mary Riordan'; 'Mehwesh Khalid'; 'Marc Sherman'; 'IP'  
**Subject:** RE: Scheduling a Call Regarding Feedback on VA EHR  
**Importance:** High

Good afternoon,

A friendly reminder to please let me know which date works best for your schedule.  
Please feel free to call me with any questions.

Thank you,

(b)(6)

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**From:** (b)(6)

**Sent:** Thursday, March 15, 2018 7:27 PM

**To:** Stephanie Reel; 'Stan Huff'; 'Manis, Jonathan (Jon)'; (b)(6)@facs.org; 'Cooper, Leslie T., M.D.'; 'Karson, Andrew Scott, M.D.'; 'Shrestha, Rasu B'; 'Rasu Shrestha'

**Cc:** Blackburn, Scott R.; Windom, John H.; (b)(6) Bruce Moskowitz;  
(b)(6)@Bruce Moskowitz, MD; 'Ashley Johnson'; Mary Riordan; 'Mehwesh Khalid'; Marc Sherman; IP

**Subject:** Scheduling a Call Regarding Feedback on VA EHR

Good evening,

We would like to schedule a call in the next few days to share feedback on the VA EHR contract. I have been corresponding with many of you on different dates and times next week, but we are going to schedule the call for either Sunday 3/18 at 4PM EST, Monday 3/19 at 4PM EST or Tuesday 3/20 at 4PM EST. Please let me know which date will work best for your schedule. Feel free to call me with any questions and I look forward to hearing from you.

Thank you,

(b)(6)

(b)(6)

Executive Assistant to the Assistant Secretary  
Office of Information and Technology  
US Department of Veterans Affairs  
Desk: 202-461-6288  
Cell: (b)(6)

The information in this e-mail is intended only for the person to whom it is addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at <http://www.partners.org/complianceline> . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

**From:** [Blackburn, Scott R.](#)  
**To:** [Zenooz, Ashwini](#); [Short, John \(VACO\)](#)  
**Subject:** FW: [EXTERNAL] Re: VA EHR  
**Date:** Friday, March 23, 2018 12:16:16 PM

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I already sent to Windom and DepSec. I told Windom to get with the Secretary today to gauge his reactions.

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Marc Sherman  
**Sent:** Friday, March 23, 2018 9:47:39 AM  
**To:** Blackburn, Scott R.  
**Cc:** Bruce Moskowitz; DJS  
**Subject:** [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.
  - Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
  - We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. (b)(5)
- Per Stephanie's suggestion, we are going to start moving forward ASAP on formalizing



an Advisory Committee so that we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.

- As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.
- Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.
- After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trump signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA...something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the "quicksand".
- Marc makes a great point below on turning DoD's struggles into a positive. We have been working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead

Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble ticket management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.

- As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, "it is the oversight and management of the contract that will be of the utmost importance, as well as the VA'S access to senior industry advisors." I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions .

Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

Scott

**From:** Marc Sherman [mailto:(b)(6)@gmail.com]  
**Sent:** Wednesday, March 21, 2018 9:31 AM  
**To:** Blackburn, Scott R.  
**Cc:** DJS  
**Subject:** Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting

on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.
2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
3. I have other thoughts as well that we should discuss, but these are the ones

that I felt more pressing to highlight since I will be unavailable today.

Best

Marc

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

No problem Marc. Thanks for all your help. Very helpful call last night.

**From:** Marc Sherman [mailto:(b)(6)@gmail.com]  
**Sent:** Wednesday, March 21, 2018 12:12 AM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman

(b)(6)

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is (b)(6)

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will try.

Scott

Scott Blackburn

Executive in Charge, Office of Information & Technology

US Department of Veterans Affairs

**From:** Blackburn, Scott R.  
**To:** (b)(6)  
**Cc:** Windom, John H.  
**Subject:** FW: [EXTERNAL] RE: VA EHR  
**Date:** Tuesday, March 13, 2018 11:06:00 PM

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Let's try to get everyone else lined up on the timeline I previously laid out. I don't want to ruin his vacation. At the same time I don't want this to drag on.

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**From:** Cooper, Leslie T., M.D. [mailto:(b)(6)@mayo.edu]  
**Sent:** Tuesday, March 13, 2018 11:04 PM  
**To:** Blackburn, Scott R.  
**Cc:** (b)(6)  
**Subject:** Re: [EXTERNAL] RE: VA EHR

Tomorrow or next Thursday? I am on the Big Sur coast now on vacation. Cell coverage spotty. Leslie Cooper

Sent from my iPhone

On Mar 13, 2018, at 1:46 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Leslie – thank you so much! 2 next steps.

- 1) (b)(6) (cc'd here) will send you the latest package of material to review.
- 2) (b)(6) (also cc'd here) will reach out to you to schedule some time this week so that (b)(6) team can orient you to what Matt will be sending to you.  
Government contracts are very different than typical private sector contracts (longer and some would say more bureaucratic). So in order to help we'll jump on the phone so that (b)(6) can walk you through what sections to look at and what you can ignore.

Thanks again!  
Scott

---

**From:** Cooper, Leslie T., M.D. [mailto:(b)(6)@mayo.edu]  
**Sent:** Tuesday, March 13, 2018 12:43 PM  
**To:** Blackburn, Scott R.  
**Subject:** Re: [EXTERNAL] VA EHR

Thank you for the invitation to provide input. I am glad for accept. Please let me know how I can be of service. I will be traveling largely out of cell coverage the next day.  
Leslie Cooper

Sent from my iPhone

On Mar 12, 2018, at 6:55 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Dr. Cooper:

**From:** Blackburn, Scott R.  
**To:** Windom, John H.; Zenooz, Ashwini; (b)(6) Short, John (VACO); Myklegard, Drew  
**Subject:** FW: [EXTERNAL] Stan Huff  
**Date:** Wednesday, March 21, 2018 1:23:33 PM  
**Attachments:** suggestions to VA on the contract.docx  
Requests for Cerner EHR platform to Support Innovation and Interoperability smh.docx  
Copy of 003 - VA EHRM Non-Functional RTM (Amended 2.16.2018) smh.xlsx

---

In case you guys didn't get these note from Stan Huff...

-----Original Message-----

From: Blackburn, Scott R.  
Sent: Wednesday, March 21, 2018 1:09 PM  
To: 'Bruce Moskowitz'  
Cc: IP; (b)(6)@gmail.com  
Subject: RE: [EXTERNAL] Stan Huff

Figured it out. Here are the files/notes that Stan wrote up for us...

-----Original Message-----

From: Bruce Moskowitz [(b)(6)]@mac.com]  
Sent: Wednesday, March 21, 2018 11:30 AM  
To: Blackburn, Scott R.  
Cc: IP; (b)(6)@gmail.com  
Subject: [EXTERNAL] Stan Huff

Can you send his notes to us? Thank you

Sent from my iPad  
Bruce Moskowitz M.D.

**From:** [Sandoval, Camilo J.](#)  
**To:** [Blackburn, Scott R.](#)  
**Subject:** FW: Apple vs Cerner  
**Date:** Wednesday, March 07, 2018 10:52:42 PM  
**Attachments:** EHRM Cerner Apple Compare final.pptx  
Apple App Background and Questions final.docx

---

FYI... will update tracker.

Thanks

---

**From:** Sandoval, Camilo J.  
**Sent:** Wednesday, March 07, 2018 7:46:02 PM  
**To:** Bruce Moskowitz; Marc Sherman; IP  
**Cc:** O'Rourke, Peter M.  
**Subject:** FW: Apple vs Cerner

Bruce/Marc,

Apparently I was suppose to share this Attachment with you last month per John's note below.

My apologies if I didn't. I will update the tracker, and please do let me know if this helps answers questions around Apple's efforts or if additional clarification is required.

Thank you.  
Camilo

---

**From:** Windom, John H.  
**Sent:** Wednesday, March 07, 2018 7:26:08 PM  
**To:** Sandoval, Camilo J.  
**Subject:** FW: Apple vs Cerner

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Windom, John H.  
**Sent:** Tuesday, March 06, 2018 6:18:26 AM  
**To:** Blackburn, Scott R.  
**Cc:** Short, John (VACO); Zenooz, Ashwini  
**Subject:** FW: Apple vs Cerner

Sir,

As you can see, I also shared with Cam who readily saw the difference and was to convey the message down South. Here you go.

Vr

John



**From:** Blackburn, Scott R.  
**To:** Sandoval, Camilo J.  
**Subject:** FW: I reviewed again and this is the way forward  
**Date:** Thursday, February 01, 2018 7:43:00 PM

---

How do you interpret this?

---

**From:** Byrne, Rich [(b)(6)]@mitre.org]  
**Sent:** Thursday, February 01, 2018 7:03 PM  
**To:** Blackburn, Scott R.  
**Cc:** Schnitzer, Jay J  
**Subject:** [EXTERNAL] FW: I reviewed again and this is the way forward

Scott

If I read Bruce's note correctly, there has been a significant change. Jay and I think he now supports the way ahead that we discussed with you that connects the EHR and DVP efforts to address his concerns!

Rich

---

**From:** Rich Byrne [(b)(6)]@mitre.org>  
**Date:** Thursday, February 1, 2018 at 7:00 PM  
**To:** Bruce Moskowitz [(b)(6)]@icloud.com>  
**Cc:** Jay Schnitzer [(b)(6)]@mitre.org>  
**Subject:** Re: I reviewed again and this is the way forward

Bruce

Our thinking has been heavily influenced for the better by your thoughts, compelling real-life examples (the array of faxes you shared are emblazoned on our minds forever!), and your network of national healthcare experts. However, this is just the beginning, and we hope you and your colleagues will continue to generously support the evolution of Veteran healthcare, decrease clinician burden, and reduce physician burnout.

Rich

---

**From:** Bruce Moskowitz [(b)(6)]@icloud.com>  
**Date:** Thursday, February 1, 2018 at 6:29 PM  
**To:** Rich Byrne <[(b)(6)]@mitre.org>  
**Cc:** Jay Schnitzer [(b)(6)]@mitre.org>  
**Subject:** I reviewed again and this is the way forward

I thank you the more I thought about your points the more convinced I am  
That all is in place from a patient and physician standpoint in the document  
Below to get us to where we need to be. Again my only contribution to  
The EMR is as an end user.

Sent from my iPad  
Bruce Moskowitz M.D.

On Jan 31, 2018, at 8:44 PM, Byrne, Rich [(b)(6)]@mitre.org> wrote:

Bruce

Thanks for the great paper on EHR challenges. Jay and I have been working to understand and strengthen where VA can best incorporate your many excellent ideas to improve Veteran healthcare. We see at least two major contracts that are central to achieving these ideas.

The **VA EHR (Cerner) contract** goal is to replace VISTA consistently across the VA, provide seamless interoperability with the Cerner implementation at DOD, and build an open, standards based architecture to share data, interfaces, and encourage innovation from third parties across the healthcare community. It is understood that the current state of practice rolled out today will need to be continuously evolved to improve the Veteran and clinician experience, increase over time the amount of interoperability possible, and enable innovation to make a positive improvement on the challenging, current Veteran and clinician experience (as you vividly illustrated to us with the

**From:** Blackburn, Scott R.  
**To:** Littlefield, Patrick  
**Subject:** FW: Presidential Management Council - notes on Modernization/EO  
**Date:** Monday, May 15, 2017 9:30:00 AM

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See highlighted below

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**From:** Blackburn, Scott R.  
**Sent:** Thursday, May 11, 2017 11:13 PM  
**To:** Wright, Vivieca (Simpson); Merchant, Robert; Giddens, Gregory VACO (b)(6)@va.gov); (b)(6) VACO; Medve, John VACO; Muir, Thomas M.; (b)(6) (VACO); (b)(6) (b)(6); Asgedom, Surafeal  
**Cc:** 'Josie Beets - M1X'; Mary Reding - M1X  
**Subject:** Presidential Management Council - notes on Modernization/EO

I had a "PMC" meeting today with all the Deputy Secretaries at the WH. Below are some big themes and more specific notes from specific agencies. I've cc'd Josie/Mary too as they can help connect us to some of these great opportunities across government. My apologies for short hand...note taking is not my strength and I want to go to bed 😊

**Big themes:**

- Great opportunity for more best practice sharing. Lots of agencies doing different stuff and no need to reinvent the wheel. We should steal shamelessly where we can. Lots of positive energy and openness to share. But my sense is that everyone is a bit stretched/overwhelmed...so it won't happen unless someone is proactive about it. We should be the proactive ones.
- Cross-agency opportunities due June 2. However we should start working with our respective agency counterparts to share ideas earlier. "Bonus points" will go for ideas that multiple agencies are excited about. (b)(5)  
(b)(5)
- Several themes came up: (b)(5)  
(b)(5)
- Office of American Innovation. Great update from Chris Liddell (former Microsoft/GM CFO, working with Jared Kushner). Got a lot more clarity on what this office is. It is only 4 people and focused on big ideas. 1) Modernization of government/IT services (e.g., our EMR). 2) Infrastructure plan. 3) Workforce of the future – which includes retraining/apprenticeship/etc. It is mostly convening and bringing in private sector (CEOs, academics, etc). They have a CIO technology day on June 19 that we should get plugged into.

**Specific agency best practices that we should leverage** (just some highlights)

- (b)(5)

(b)(5)

(b)(5)



Team - depending on what piques your interest, let's discuss more. Also we should leverage Josie/Mary to help us connect to others.

Scott

**From:** Blackburn, Scott R.  
**To:** (b)(6)  
**Subject:** FW: SecVA Shulkin  
**Date:** Friday, October 20, 2017 9:21:00 AM

---

Will have to juggle the calendar a little bit.

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, October 20, 2017 9:21 AM  
**To:** (b)(6); Windom, John H.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin

Yes, works for me.

Then once we know what the Secretary wants to accomplish with this meeting, we'll have the right materials to get us there.

---

**From:** (b)(6)  
**Sent:** Friday, October 20, 2017 9:20 AM  
**To:** Blackburn, Scott R.; Windom, John H.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin

Great idea. Can you chat w/SecVA briefly at 2pm on Monday? Thanks.

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, October 20, 2017 9:13 AM  
**To:** (b)(6); Windom, John H.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin

We sure can. John will take the lead.

However it might be good for the Secretary, John and I to huddle for 10 minutes sometime today or Monday. I am not sure that we know exactly where they want to take the conversation (maybe John knows but this is my first time in one of these WH/EHR meetings).

---

**From:** (b)(6)  
**Sent:** Friday, October 20, 2017 9:09 AM  
**To:** Blackburn, Scott R.; Windom, John H.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin

Thanks much!!

To prepare the Secretary for meeting, can you all prepare materials for his meeting w/Jared? Thank you

---

**From:** Blackburn, Scott R.

**Sent:** Friday, October 20, 2017 9:07 AM  
**To:** (b)(6) Windom, John H.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin

Done!

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**From:** (b)(6)  
**Sent:** Friday, October 20, 2017 8:40 AM  
**To:** Windom, John H.; Blackburn, Scott R.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin

Scott and John – can you both fill out your Vitals for entry to WH? Please confirm once completed.  
Thanks!

(b)(6)

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**From:** Windom, John H.  
**Sent:** Thursday, October 19, 2017 3:19 PM  
**To:** (b)(6) Blackburn, Scott R.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin

Honored to join. I will be there.

Vr

John

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
810 Vermont Avenue NW (Suite 375X)  
Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)

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**From:** (b)(6)  
**Sent:** Thursday, October 19, 2017 2:44 PM  
**To:** Blackburn, Scott R.; Windom, John H.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** SecVA Shulkin

Hello – the Secretary will be meeting w/Jared Kushner on Tuesday, October 24<sup>th</sup> at 5:30pm to discuss EHR, specifically cerner and epic. The Secretary asked if you both could join him in meeting.

Please let us know if you are available to attend. Thank you.

**From:** (b)(6)  
**To:** Blackburn, Scott R.  
**Cc:** (b)(6)  
**Subject:** FW: Summit next Tuesday - briefly mentioned this before!  
**Date:** Monday, December 04, 2017 12:55:47 PM

---

Good afternoon Mr. Blackburn,

Confirming you would like to attend this meeting next week? We can modify your schedule so you can attend the entire time. Please let me know if you would like to bring anyone.

Thanks,

(b)(6)

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**From:** Moorhead, Quellie U. EOP/WHO [mailto:(b)(6)@who.eop.gov]  
**Sent:** Monday, December 04, 2017 11:46 AM  
**To:** (b)(6)  
**Subject:** [EXTERNAL] Summit next Tuesday - briefly mentioned this before!

Hi (b)(6)

Thanks for all of your help today!

I forget who I briefly mentioned this to, but Chris, Jared, and Seema are hosting this event next week and would love it if Scott could attend if interested. Please let me know if he will be able to! We understand if he could only go for the kick off at 1 PM and wrap up at 4 PM, but there will be in depth, interesting discussions from 2-4 which he may find interesting.

Best regards,  
Quellie

On behalf of Jared Kushner and Seema Verma, we are pleased to invite you to a listening session on Electronic Health Records Interoperability to be held at the White House on December 12th from 1.00-5.00pm.

We are holding a series of these sessions with leaders in the health care sector. We are interested in understanding the opportunity for the government to help further progress interoperability with the goal of positively impacting quality of care for American patients.

We will have a group discussion on the overall topic, followed by breakout working sessions that address specific aspects of the topic. We will send out those topics next week and upon your confirmation of attendance.

**Please RSVP no later than December 6<sup>th</sup> to OAI@who.eop.gov.**

We hope that you can join us and welcome your input.



Sincerely,

Jared Kushner

Senior Advisor to the President

Seema Verma

Administrator, CMS

Office of American Innovation

202-881-7080

**From:** [Blackburn, Scott R.](#)  
**To:** [Windom, John H.](#)  
**Subject:** FW: VA EHR  
**Date:** Wednesday, March 21, 2018 10:20:00 PM

---

Let's hope this lands well...

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, March 21, 2018 10:20 PM  
**To:** 'Bruce Moskowitz'; 'Marc Sherman'  
**Cc:** DJS  
**Subject:** VA EHR

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.
  - Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
  - We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. (b)(5)

(b)(5)

- Per Stephanie's suggestion, we are going to start moving forward ASAP on formalizing an Advisory Committee so that we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.
- As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the

**From:** Bruce Moskowitz  
**To:** Blackburn, Scott R.  
**Cc:** (b)(6)@gmail.com  
**Subject:** Fwd: [EXTERNAL] Follow up meeting  
**Date:** Monday, November 27, 2017 10:23:10 AM

---

I should point out this would be ideal functionality requirements of any EMR contract if not part of what has been reviewed by the VA we need to discuss these points further since they are derived from the previous meeting points made by the CIO's and we can again cover them in the agenda

Sent from my iPad  
Bruce Moskowitz M.D.

Begin forwarded message:

**From:** Bruce Moskowitz <(b)(6)@mac.com>  
**Date:** November 27, 2017 at 8:41:19 AM EST  
**To:** "Blackburn, Scott R." <Scott.Blackburn@va.gov>  
**Cc:** (b)(6)@gmail.com <(b)(6)@gmail.com>  
**Subject:** Re: [EXTERNAL] Follow up meeting

Prior to any meeting we need to know what is not in the contract so we can make progress:

Cerner Contract has to have the responsibility of 100% connectivity to all EMR platforms for Choice to work

Cerner has to have telemedicine built into the system

Cerner needs to tract duplicate diagnostic testing

Cerner needs to have medication error, tracking of controlled substances and duplicate prescription monitoring

Cerner needs to tract appointment times between the VA and the Choice Program.

Cerner needs to have voice recognition built in

These are the basics we need to know prior to writing an agenda and meeting.

Thank you

Sent from my iPad  
Bruce Moskowitz M.D.

On Nov 26, 2017, at 9:23 AM, Blackburn, Scott R.

<Scott.Blackburn@va.gov> wrote:

Bruce - thanks for the note. I hope you and Marc both had a great Thanksgiving.

Sounds good on all below. Let's shoot for the week of December 11th or December 18th in Washington. If the CIOs can get us the list of issues by December 5th, we will turn around the gap analysis quickly. Happy to work with Stephanie, Andrew and Marc on the agenda development - that would be very helpful.

Scott

-----Original Message-----

From: Bruce Moskowitz (b)(6)@mac.com]

Sent: Friday, November 24, 2017 7:08 PM

To: Blackburn, Scott R.

Cc: (b)(6)@gmail.com

Subject: [EXTERNAL] Follow up meeting

I am speaking for myself and it would seem to me that holding it at Cerner would restrain an open honest discussion of what is needed to insure that we have all the key pieces to have the the EMR that we all see as a necessity to provide the end users with all tools necessary to provide quality care. The five CIO's are very knowledgeable regarding all capabilities of Cerner. I have been an end user of Cerner and know as do the CEO's the process to quickly move the agenda forward. We are committed to your adoption of Cerner as the EMR however being rushed into a contract without due diligence on our part would be problematic. We can be available for a meeting in Washington ASAP fully realizing some will need to be on a conference call. I would recommend an agenda that reflects the way forward by both groups and would recommend you allow Stephanie Reel, Andrew Karson and Marc Sherman to assist in the agenda development.

Sent from my iPad

Bruce Moskowitz M.D.

**From:** Windom, John H.  
**To:** Blackburn, Scott R.  
**Cc:** Zenooz, Ashwini; Myklegard, Drew; Short, John (VACO)  
**Subject:** Meeting with Secretary Shulkin  
**Date:** Wednesday, March 21, 2018 9:15:37 AM  
**Importance:** High

---

Sir,

I recommend using the 1100-1130 meeting with Shulkin to get clear direction from him on what it takes to close out the contract. The only comments I would make from an action perspective:

1. We will be assembling the EHRM industry advisory council as discussed. Participants likely to include:

Stephanie Reel (Hopkins)

Jon Manis (Sutter)

Rasu (UPMC)

Shafiq Rab (Rush)

Chris Ross (Mayo)

Vivek Reddy (Intermountain)

Aneesh Chopra

Ryan Howells (Leavitt Partners)

Frank Opelka (American College of Physicians)

Will Morris or Ed Marx (Cleveland Clinic)

Dr. Andy Karson (Mass General Hospital)

Dr. Bruce Moskowitz (Tenet)

Alistair Erskine (Geisinger)

Daniel Barchi (New York Presbyterian)

2. We will setup the recommended interoperability test platform/sandbox as part of our IOC efforts and associated testing requirements.
3. We will solidify the DVP requirements and associated API strategies based on comments from the external experts.
4. Re-validate interoperability, device registry, etc. language contained in the contract.
5. Continue to solidify our PEO staffing structure in support of present and future contract oversight requirements.

Mr. Secretary, what else did your hear? I believe we are ready.

Thoughts.....?

John

John H. Windom, Senior Executive Service (SES)

Program Executive for Electronic Health Record Modernization (PEO EHRM)

Special Advisor to the Under Secretary for Health

811 Vermont Avenue NW (5<sup>th</sup> Floor Suite 5080)

Washington, DC 20420

[John.Windom@va.gov](mailto:John.Windom@va.gov)

Office: (202) 461-5820

Mobile: (b)(6)

Executive Assistant: (b)(6) - Appointments and Scheduling

(b)(6)@va.gov Office: 202-382-3792

## NON-DISCLOSURE AGREEMENT

1. I acknowledge that I have been selected to participate in the planning for an electronic health record acquisition. In the course of participating in this acquisition, I may be or have been given access to or entrusted with Source Selection Information (as defined in Federal Acquisition Regulation (FAR) 2.101 and 3.104), and/or other sensitive Government data marked or considered as "proprietary" (e.g., restrictive legend per FAR 52.215-1) that I cannot release to others nor can I use for the financial benefit of others or myself.

Source Selection Information is defined in FAR 2.101 & 3.104 and other sensitive Government data includes data marked or considered as "proprietary" (e.g., restrictive legend per FAR 52.215-1). Data includes all data, information and software, regardless of the medium (e.g. electronic or paper) and/or format in which the data exists, and includes data which is derived from, based on, incorporates, includes or refers to such Source Selection and/or proprietary data (collectively referred to herein as "the data"). Any data which is derived from, based on, incorporates, includes or refers to data shall be treated as Source Selection, or proprietary data and shall be subject to the terms of this Non-Disclosure Agreement.

2. I understand that 41 U.S.C. § 423, commonly referred to as the Procurement Integrity Act, and now codified at U.S.C.A. § § 2101-2107, and provisions FAR 3.104 govern the release of proprietary and source selection information. I certify that I will not disclose any contractor bid, solicitation, proprietary, or source selection information directly or indirectly to any person other than a person authorized by the head of agency or the contracting officer to receive such information. I understand that unauthorized disclosure of such information may subject me to substantial administrative, civil and criminal penalties, including fines, imprisonment, and loss of employment under the Procurement Integrity Act or other applicable laws and regulations.

3. I certify that I will not discuss evaluation of source selection matters with any unauthorized individuals (including Government personnel), even after contract award, without specific prior approval from proper authority.

4. These provisions are consistent with, and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by existing statute or Executive order relating to (1) classified information, (2) communications to Congress, (3) the reporting to an Inspector General of a violation of any law, rule, or regulation, or mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistleblower protection. The definitions, requirements, obligations, rights, sanctions, and liabilities created by controlling Executive orders and statutory provisions are incorporated into this agreement and are controlling. These statutes and Executive orders include the following:

- ☐ Executive Order No. 12958;
- ☐ The Privacy Act (5 U.S.C. § 552a);
- ☐ The Trade Secrets Act (18 U.S.C. § 1905);
- ☐ Section 7211 of title 5, United States Code (governing disclosures to Congress);
- ☐ Section 1034 of title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military);



☐ Section 2302(b)(8) of title 5, United States Code, as amended by the Whistleblower Protection Action (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats);

☐ The Intelligence Identities Protection Act of 1982 (50 U.S.C. § 421 *et seq.*) (governing disclosures that could expose confidential Government agents); and

☐ The statutes which protect against disclosure that may compromise the national security, including sections 641, 793, 794, 798, and 952 of title 18, United States Code, and section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. § 783(b)).

Additionally, pursuant to 38 Code of Federal Regulations 1.201, all VA employees with knowledge or information about actual or possible violations of criminal law related to VA programs, operations, facilities, contracts, or information technology systems shall immediately report such knowledge or information to their supervisor, any management official, or directly to the Office of Inspector General.

Signature:

(b)(6)

Name Printed:

Stanley M. Huff, MD

Title:

Chief Medical Informatics Officer

Organization:

Intermountain Healthcare

Organizational Conflict(s) of Interest (OCIs):

None known

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Source Selection Information is defined in FAR 2.101 & 3.104 and other sensitive Government data includes data marked or considered as "proprietary" (e.g., restrictive legend per FAR 52.215-1). Data includes all data, information and software, regardless of the medium (e.g. electronic or paper) and/or format in which the data exists, and includes data which is derived from, based on, incorporates, includes or refers to such Source Selection and/or proprietary data (collectively referred to herein as "the data"). Any data which is derived from, based on, incorporates, includes or refers to data shall be treated as Source Selection, or proprietary data and shall be subject to the terms of this Non-Disclosure Agreement.

2. I understand that 41 U.S.C. § 423, commonly referred to as the Procurement Integrity Act, and now codified at U.S.C.A. § § 2101-2107, and provisions FAR 3.104 govern the release of proprietary and source selection information. I certify that I will not disclose any contractor bid, solicitation, proprietary, or source selection information directly or indirectly to any person other than a person authorized by the head of agency or the contracting officer to receive such information. I understand that unauthorized disclosure of such information may subject me to substantial administrative, civil and criminal penalties, including fines, imprisonment, and loss of employment under the Procurement Integrity Act or other applicable laws and regulations.

3. I certify that I will not discuss evaluation of source selection matters with any unauthorized individuals (including Government personnel), even after contract award, without specific prior approval from proper authority.

4. These provisions are consistent with, and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by existing statute or Executive order relating to (1) classified information, (2) communications to Congress, (3) the reporting to an Inspector General of a violation of any law, rule, or regulation, or mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistleblower protection. The definitions, requirements, obligations, rights, sanctions, and liabilities created by controlling Executive orders and statutory provisions are incorporated into this agreement and are controlling. These statutes and Executive orders include the following:

- ☐ Executive Order No. 12958;
- ☐ The Privacy Act (5 U.S.C. § 552a);
- ☐ The Trade Secrets Act (18 U.S.C. § 1905);
- ☐ Section 7211 of title 5, United States Code (governing disclosures to Congress);
- ☐ Section 1034 of title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military);

☐ Section 2302(b)(8) of title 5, United States Code, as amended by the Whistleblower Protection Action (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats);

☐ The Intelligence Identities Protection Act of 1982 (50 U.S.C. § 421 *et seq.*) (governing disclosures that could expose confidential Government agents); and

☐ The statutes which protect against disclosure that may compromise the national security, including sections 641, 793, 794, 798, and 952 of title 18, United States Code, and section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. § 783(b)).

Additionally, pursuant to 38 Code of Federal Regulations 1.201, all VA employees with knowledge or information about actual or possible violations of criminal law related to VA programs, operations, facilities, contracts, or information technology systems shall immediately report such knowledge or information to their supervisor, any management official, or directly to the Office of Inspector General.

Signature:

---

Name Printed:

Title:

Organization:

Organizational Conflict(s) of Interest (OCIs):

## NON-DISCLOSURE AGREEMENT (Dated March 13, 2018)

1. I acknowledge that I have been selected to participate in the planning for an electronic health record acquisition. In the course of participating in this acquisition, I may be or have been given access to or entrusted with Source Selection Information (as defined in Federal Acquisition Regulation (FAR) 2.101 and 3.104), and/or other sensitive Government data marked as "proprietary" (e.g., restrictive legend per FAR 52.215-1) that I cannot release to others nor can I use for the financial benefit of others or myself.

Source Selection Information is defined in FAR 2.101 & 3.104 and other sensitive Government data includes data marked as "proprietary" (e.g., restrictive legend per FAR 52.215-1). Data includes all data, information and software, regardless of the medium (e.g. electronic or paper) and/or format in which the data exists, and includes data which is derived from, based on, incorporates, includes or refers to such Source Selection and/or proprietary data (collectively referred to herein as "the data"). Any data which is derived from, based on, incorporates, includes or refers to data shall be treated as Source Selection, or proprietary data and shall be subject to the terms of this Non-Disclosure Agreement.

2. I understand that 41 U.S.C. § 423, commonly referred to as the Procurement Integrity Act, and now codified at U.S.C.A. §§ 2101-2107, and provisions FAR 3.104 govern the release of proprietary and source selection information. As it relates to the information that has been made available to me pursuant to this Non-Disclosure Agreement, I certify that I will not disclose any contractor bid, solicitation, proprietary, or Source Selection Information directly or indirectly to any person other than the President of the United States or a member of his administration to whom the President authorizes, another person subject to an equally restrictive Non-Disclosure Agreement related to the subject matter of this Agreement, the Secretary of the Department of Veterans Affairs or a person authorized by the head of agency or the contracting officer to receive such information. I understand that unauthorized disclosure of such information may subject me to substantial administrative, civil and criminal penalties, including fines, imprisonment, and loss of employment under the Procurement Integrity Act or other applicable laws and regulations.

3. I certify that I will not discuss evaluation of source selection matters with any unauthorized individuals (including Government personnel other than those set out in Paragraph 2 above), even after contract award, without specific prior approval from proper authority.

4. These provisions are consistent with, and do not supersede, conflict with, or otherwise alter the employee obligations, rights, or liabilities created by existing statute or Executive order relating to (1) classified information, (2) communications to Congress, (3) the reporting to an Inspector General of a violation of any law, rule, or regulation, or mismanagement, a gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety, or (4) any other whistleblower protection. The definitions, requirements, obligations, rights, sanctions, and liabilities created by controlling Executive orders and statutory provisions are incorporated into this agreement and are controlling. These statutes and Executive orders include the following:

## NON-DISCLOSURE AGREEMENT

Planning for an electronic health record acquisition

Dated Tuesday March 13, 2018

Page | 2

- 
- ☐ Executive Order No. 12958;
- ☐ The Privacy Act (5 U.S.C. § 552a);
- ☐ The Trade Secrets Act (18 U.S.C. § 1905);
- ☐ Section 7211 of title 5, United States Code (governing disclosures to Congress);
- ☐ Section 1034 of title 10, United States Code, as amended by the Military Whistleblower Protection Act (governing disclosure to Congress by members of the military);
- ☐ Section 2302(b)(8) of title 5, United States Code, as amended by the Whistleblower Protection Action (governing disclosures of illegality, waste, fraud, abuse or public health or safety threats);
- ☐ The Intelligence Identities Protection Act of 1982 (50 U.S.C. § 421 *et seq.*) (governing disclosures that could expose confidential Government agents); and
- ☐ The statutes which protect against disclosure that may compromise the national security, including sections 641, 793, 794, 798, and 952 of title 18, United States Code, and section 4(b) of the Subversive Activities Act of 1950 (50 U.S.C. § 783(b)).

Additionally, pursuant to 38 Code of Federal Regulations 1.201, all VA employees with knowledge or information about actual or possible violations of criminal law related to VA programs, operations, facilities, contracts, or information technology systems shall immediately report such knowledge or information to their supervisor, any management official, or directly to the Office of Inspector General.

Signature: (b)(6)

A rectangular box with a black border, used to redact the signature of the individual. It is positioned to the right of the 'Signature:' label.

Name Printed: Isaac Perlmutter

Organizational Conflict(s) of Interest (OCIs):

**From:** Stan Huff  
**To:** Windom, John H.; VA CIO Executive Schedule; (b)(6) Blackburn, Scott R.  
**Cc:** (b)(6)  
**Subject:** PHI RE: [EXTERNAL] RE: EHR VA Call  
**Date:** Wednesday, March 21, 2018 10:00:15 AM



## Secure Message Delivery

**From:** Stan Huff <(b)(6)@imail.org>  
**Subject:** PHI RE: [EXTERNAL] RE: EHR VA Call

[View Message](#)

Message available online until 05/20/2018. Use your password to access the message.

**From:** [Blackburn, Scott R.](#)  
**To:** [Short, John \(VACO\)](#); [Zenooz, Ashwini](#)  
**Cc:** [Windom, John H.](#)  
**Subject:** RE: [EXTERNAL] EMR calls  
**Date:** Thursday, March 15, 2018 9:25:00 AM

---

Thanks. I passed this on.

---

**From:** Short, John (VACO)  
**Sent:** Wednesday, March 14, 2018 8:45 PM  
**To:** Zenooz, Ashwini  
**Cc:** Blackburn, Scott R.; Windom, John H.  
**Subject:** RE: [EXTERNAL] EMR calls

Ash – Take a look at this DRAFT Response.

Cerner's proposed solution for ICU central monitoring, as part of the VA EHR, utilizes Cerner's CareAware iAware framework through the Apache Outcomes solution. This solution has the capability to configure dashboard views to enable monitoring of high acuity areas, specifically around performance and patient care. This capability is included in the scope of the Cerner acquisition as the Critical Care System, Cerner Apache Outcomes solution and End User License Agreement.

Does this capability also monitors emergency rooms, recovery rooms and telemetry beds? The current acquisition solutions meet these requirements and can be configured into a central command center model.

- **Emergency Room:** Emergency Department (ED) Dashboard is built into the Emergency Department Care Management to monitor progression of patients through the patient care process. This solution has been included as an Emergency Medicine System and End User License Agreement.
- **Recovery Room:** Surgical Management solution has tracking boards to monitor patient progress and efficiency of care provided. This solution has been included as Perioperative System and End User License Agreement.
- **Telemetry Beds:** Traditional central monitoring systems as are used in telemetry, exist within the VA's current environment. During the acquisition process it was decided that these solutions will persist into the future state to reduce costs for the VA. However, the acquisition includes integration of this capability.

In addition to these monitoring capabilities, CareAware Patient Flow, which is Cerner's capacity management solution that helps to operationalize patient care activities such as room cleaning offers specific dashboards that can be centralized to support a central command center model.

---

**From:** Windom, John H.  
**Sent:** Wednesday, March 14, 2018 7:00 PM  
**To:** Zenooz, Ashwini; Blackburn, Scott R.; Short, John (VACO)



**Subject:** RE: [EXTERNAL] EMR calls

I would it make the response overly complex.  
Jw

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Zenooz, Ashwini  
**Sent:** Wednesday, March 14, 2018 3:44:50 PM  
**To:** Windom, John H.; Blackburn, Scott R.; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] EMR calls

John Short and I are working on a response. He should have something back from John Short by 8p. Thx

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Windom, John H.  
**Sent:** Wednesday, March 14, 2018 3:31:07 PM  
**To:** Blackburn, Scott R.; Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] EMR calls

Ash  
Did you closeout this request from Mr Blackburn? I was not copied on anything. This is a doctor to doctor tasking.  
Thx  
Jw

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, March 14, 2018 9:55:20 AM  
**To:** Zenooz, Ashwini; Windom, John H.; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] EMR calls

Thanks. Can you guys write me a short response to Bruce that I can cut/paste? I want to nip these things in the bud so we can get this damn thing over the goalline! It is crunch time.

---

**From:** Zenooz, Ashwini  
**Sent:** Wednesday, March 14, 2018 12:54 PM  
**To:** Windom, John H.; Blackburn, Scott R.; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] EMR calls

That is correct. Through LightsOn and system config we would be able to view enterprise



wide ICU, ED activity etc. at a central command.

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Windom, John H.  
**Sent:** Wednesday, March 14, 2018 9:50:28 AM  
**To:** Blackburn, Scott R.; Short, John (VACO); Zenooz, Ashwini  
**Subject:** RE: [EXTERNAL] EMR calls

This is part of contract and standard EHR implementation practices/solutions. The team will validate.

John

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Blackburn, Scott R.  
**Sent:** Wednesday, March 14, 2018 9:37:42 AM  
**To:** Windom, John H.; Short, John (VACO); Zenooz, Ashwini  
**Subject:** FW: [EXTERNAL] EMR calls

-----Original Message-----

From: Bruce Moskowitz (b)(6) [REDACTED]@mac.com]  
Sent: Wednesday, March 14, 2018 12:18 PM  
To: Blackburn, Scott R.  
Subject: [EXTERNAL] EMR calls

To save time can you tell me if the Cerner contract has a provision to have the EMR that is in Intensive care units interact with a central monitoring system? Currently all major institutions have a command and control center staff that monitors intensive care units located in different hospitals in their system. The future is expanding this to monitor emergency rooms, recovery rooms and telemetry beds. If it is not in place which should be a standard part of the contract we will have billions in further costs to the system.

Sent from my iPad  
Bruce Moskowitz M.D.

**From:** [Zenooz, Ashwini](#)  
**To:** [Short, John \(VACO\)](#)  
**Cc:** [Blackburn, Scott R.](#); [Windom, John H.](#)  
**Subject:** RE: [EXTERNAL] EMR calls  
**Date:** Wednesday, March 14, 2018 8:52:21 PM

---

Thanks. This looks accurate.

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Short, John (VACO)  
**Sent:** Wednesday, March 14, 2018 5:44:58 PM  
**To:** Zenooz, Ashwini  
**Cc:** Blackburn, Scott R.; Windom, John H.  
**Subject:** RE: [EXTERNAL] EMR calls

Ash – Take a look at this DRAFT Response.

Cerner's proposed solution for ICU central monitoring, as part of the VA EHR, utilizes Cerner's CareAware iAware framework through the Apache Outcomes solution. This solution has the capability to configure dashboard views to enable monitoring of high acuity areas, specifically around performance and patient care. This capability is included in the scope of the Cerner acquisition as the Critical Care System, Cerner Apache Outcomes solution and End User License Agreement.

Does this capability also monitors emergency rooms, recovery rooms and telemetry beds? The current acquisition solutions meet these requirements and can be configured into a central command center model.

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In addition to these monitoring capabilities, CareAware Patient Flow, which is Cerner's capacity management solution that helps to operationalize patient care activities such as room cleaning offers specific dashboards that can be centralized to support a central command center model.

**From:** [DJS](#)  
**To:** [Blackburn, Scott R.](#)  
**Subject:** RE: [EXTERNAL] Follow up meeting  
**Date:** Saturday, November 25, 2017 8:52:54 AM

---

Yes sounds right

And agree everything needs to be done within the correct confines

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, November 24, 2017 5:09:19 PM  
**To:** DJS  
**Subject:** RE: [EXTERNAL] Follow up meeting

How about this for next steps...?

+ I respond with “sounds good, let’s shoot for week of 12/11 or 12/18 in Washington”

+ Windom, myself and Jay from MITRE (he has done a good job as facilitator) work with the folks he names below on the agenda for the full day session

+ ask Bruce/Marc/CIOs to move forward ASAP with the list of issues that he mentioned they would develop. Ask for these by 12/5. We will turn around the gap analysis by 12/11.

I know Bob Fleck and OGC had some concerns about the extent we solicit outside opinions on a contract being negotiated (after we mentioned it in testimony). Also they expressed concerns about triggering FACA rules. Will also work with them to make sure we do this in an appropriate way.

Thoughts?

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** DJS  
**Sent:** Friday, November 24, 2017 7:52:54 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: [EXTERNAL] Follow up meeting

Thanks

Sent with Good ([www.good.com](http://www.good.com))

**From:** [Windom, John H.](#)  
**To:** [Blackburn, Scott R.](#)  
**Subject:** RE: [EXTERNAL] Fwd: Call with Secretary Shulkin  
**Date:** Sunday, March 11, 2018 11:19:59 PM

---

Thank you for sharing.  
Jw

Sent with Good (www.good.com)

---

**From:** Blackburn, Scott R.  
**Sent:** Sunday, March 11, 2018 7:10:57 PM  
**To:** Windom, John H.  
**Subject:** FW: [EXTERNAL] Fwd: Call with Secretary Shulkin

FYI. I will learn more tomorrow morning.

---

**From:** David Shulkin [mailto:(b)(6)@gmail.com]  
**Sent:** Sunday, March 11, 2018 5:55 PM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] Fwd: Call with Secretary Shulkin

Can you join me at morning report in the am- 8 or 815 am to discuss next steps on this

Note the emails below

Sent from my iPhone

Begin forwarded message:

**From:** Bruce Moskowitz (b)(6)@mac.com>  
**Date:** March 11, 2018 at 12:57:53 PM EDT  
**To:** Stephanie Reel (b)(6)@jhu.edu>, (b)(6)@imail.org,  
(b)(6)@sutterhealth.org, (b)(6)@facs.org" (b)(6)@facs.org>,  
(b)(6)@mayo.edu, "Karson, Andrew Scott, M. D."  
(b)(6)@mgh.harvard.edu>  
**Cc:** David Shulkin (b)(6)@gmail.com>, IP (b)(6)@frenchangel59.com>,  
(b)(6)@gmail.com, (b)(6)@gmail.com, (b)(6)@reagan.com  
**Subject:** Call with Secretary Shulkin

The Secretary will send out an email to set up a conference call to discuss the review of the EMR contract for the VA. This has tremendous importance not just for the VA, but setting a standard for interoperability for the nation and also EMR innovation. I want to take the opportunity to thank everyone for their service to the Veterans and advancing health care for the nation

Sent from my iPhone

**From:** (b)(6)  
**To:** Blackburn, Scott R.; Colli, Jacqueline  
**Cc:** (b)(6)  
**Subject:** RE: [EXTERNAL] Fwd: Call with Secretary Shulkin  
**Date:** Monday, March 12, 2018 7:34:14 AM

---

Scott – what time are you back at VACO? He would like to speak with you in person vice dialing in. You are on the calendar at 4:30p this afternoon to talk about Cerner.

---

**From:** Blackburn, Scott R.  
**Sent:** Monday, March 12, 2018 5:49 AM  
**To:** (b)(6); Colli, Jacqueline  
**Subject:** RE: [EXTERNAL] Fwd: Call with Secretary Shulkin

Great

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** (b)(6)  
**Sent:** Monday, March 12, 2018 5:20:59 AM  
**To:** Blackburn, Scott R.; Colli, Jacqueline  
**Subject:** RE: [EXTERNAL] Fwd: Call with Secretary Shulkin

Will do. Will call you on your cell when they are ready, which may be at 8ish. Thanks

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Sunday, March 11, 2018 7:10:17 PM  
**To:** (b)(6); Colli, Jacqueline  
**Subject:** FW: [EXTERNAL] Fwd: Call with Secretary Shulkin

Can you see if they can ring my cell whenever they are ready to talk about this?

---

**From:** Blackburn, Scott R.  
**Sent:** Sunday, March 11, 2018 9:31 PM  
**To:** David Shulkin  
**Subject:** RE: [EXTERNAL] Fwd: Call with Secretary Shulkin

Do you mind if I call in? Or you guys dial my cell? I have a dentist appointment at 7am.

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** David Shulkin

**From:** Blackburn, Scott R.  
**To:** David Shulkin  
**Subject:** RE: [EXTERNAL] Fwd: Contact review  
**Date:** Monday, March 12, 2018 9:15:00 PM  
**Attachments:** NDA\_blank EHRM for signature.pdf

---

Attached is the NDA. Let me know if you'd like me to send it to Ike/Bruce/Marc directly. You can have them send it back to me directly and then I'll get someone from Windom's team to send them the package and walk them through it.

Stan Huff responded positively and we sent him the NDA. The only person that is yet to respond is Dr. Leslie Cooper from Mayo. My goal is for each of them to have the NDA signed, contract in hand, and someone has walked them through how to read the contract – by EOD tomorrow if possible.

---

**From:** David Shulkin (b)(6) [redacted]@gmail.com]  
**Sent:** Monday, March 12, 2018 4:18 PM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] Fwd: Contact review

Can we get them the nda as well?

Sent from my iPhone

Begin forwarded message:

**From:** IP (b)(6) [redacted]@frenchangel59.com>  
**Date:** March 12, 2018 at 2:50:52 PM EDT  
**To:** David Shulkin (b)(6) [redacted]@gmail.com>  
**Cc:** (b)(6) [redacted]@gmail.com" (b)(6) [redacted]@gmail.com>, (b)(6) [redacted]@gmail.com" (b)(6) [redacted]@gmail.com>, Bruce Moskowitz (b)(6) [redacted]@mac.com>  
**Subject:** RE: Contact review

David,

How quick can you send the NDA to the people?

And why not send it to Bruce, Marc and myself so we can work around the clock to finish this?

Thank you.

-----Original Message-----

**From:** Bruce Moskowitz (b)(6) [redacted]@mac.com]  
**Sent:** Monday, March 12, 2018 2:03 PM  
**To:** David Shulkin (b)(6) [redacted]@gmail.com>  
**Cc:** IP (b)(6) [redacted]@frenchangel59.com> (b)(6) [redacted]@gmail.com; (b)(6) [redacted]@gmail.com  
**Subject:** Re: Contact review

The following may be discussed on the review however if not, we need to be sure

**From:** [Blackburn, Scott R.](#)  
**To:** [Sandoval, Camilo J.](#)  
**Subject:** RE: [EXTERNAL] Fwd: EMR  
**Date:** Wednesday, March 07, 2018 2:44:00 AM

---

I like it. Will do. Also just forwarded what we shared with Bruce last week. We are close. We will get there. Bruce seems positive. I am hopeful Rasu and Manis will help.

---

**From:** Sandoval, Camilo J.  
**Sent:** Tuesday, March 06, 2018 7:12 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: [EXTERNAL] Fwd: EMR

Is Bruce's email one of the questions you think we've already answered in the past?

Can I offer a suggestion? Could we possibly create a tracker on all the incoming questions/answers? I believe this might clarify the question and help get a quicker reply and keep everyone on the same page. Example below based on what Bruce requested today.

Thoughts?

Question/Topic	Follow-Up Questions	Response/Comments
1. Cloud	<ul style="list-style-type: none"><li>Are we getting the cloud correctly</li></ul>	<ul style="list-style-type: none"><li>Document reference ?</li><li>Strategy?</li><li>POC?</li></ul>
2. CIO	<ul style="list-style-type: none"><li>Candidate Pool?</li><li>Key Qualifications?</li><li>Separation of roles?</li></ul>	<ul style="list-style-type: none"><li></li></ul>
3. Physician Input	<ul style="list-style-type: none"><li>Patient Centric?</li><li>Physician Usability Scope?</li><li></li></ul>	<ul style="list-style-type: none"><li></li></ul>
4.	<ul style="list-style-type: none"><li></li></ul>	<ul style="list-style-type: none"><li></li></ul>
5. Apple Project	<ul style="list-style-type: none"><li>Who is POC?</li><li>Project update?</li><li>Mental Health Strategy and Portable EMR Solution that works with DOD &amp; VA &amp; Community?</li></ul>	<ul style="list-style-type: none"><li></li></ul>
6.	<ul style="list-style-type: none"><li></li></ul>	<ul style="list-style-type: none"><li></li></ul>
7.	<ul style="list-style-type: none"><li></li></ul>	<ul style="list-style-type: none"><li></li></ul>

---

**From:** Mulligan, Ricci  
**To:** Blackburn, Scott R.; Myklegard, Drew  
**Subject:** RE: [EXTERNAL] Fwd: EMR  
**Date:** Tuesday, March 06, 2018 10:01:04 AM

---

Scott, Drew and I will put something together, btw, Patty in VHA has been trying to set up the conversation with Bruce. Ricci

Sent with Good (www.good.com)

---

**From:** Blackburn, Scott R.  
**Sent:** Tuesday, March 06, 2018 5:42:23 AM  
**To:** Mulligan, Ricci; Myklegard, Drew  
**Subject:** FW: [EXTERNAL] Fwd: EMR

See note below on Apple project. Thoughts on how to respond?

Sent with Good (www.good.com)

---

**From:** David Shulkin  
**Sent:** Tuesday, March 06, 2018 7:09:43 AM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] Fwd: EMR

Can we begin to address and then ill respond back?

Sent from my iPhone

Begin forwarded message:

**From:** Bruce Moskowitz (b)(6)@mac.com>  
**Date:** March 5, 2018 at 6:49:58 AM EST  
**To:** (b)(6)@gmail.com (b)(6)@reagan.com  
**Cc:** (b)(6)@gmail.com, IP (b)(6)@frenchangel59.com>, (b)(6)@gmail.com  
**Subject:** EMR

I would like to underscore the importance of getting the “Cloud” correctly and the other four issues with the new CIO’s. Also the composition of the physician input has to change immediately so that the EMR is patient centric and usable from the physician perspective.

Second this is going to take years to implement and especially in mental health we need a portable EMR solution that works with the DOD, the VA and the private sector. No one at the VA got back to me on what the Apple project can and can



**From:** [Myklegard, Drew](#)  
**To:** [Mulligan, Ricci](#); [Blackburn, Scott R.](#)  
**Subject:** RE: [EXTERNAL] Fwd: EMR  
**Date:** Tuesday, March 13, 2018 11:56:53 PM

---

Where are we with Dr. Moskowitz?

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Mulligan, Ricci  
**Sent:** Tuesday, March 06, 2018 10:01:05 AM  
**To:** Myklegard, Drew; Blackburn, Scott R.  
**Subject:** RE: [EXTERNAL] Fwd: EMR

Agree, when? Ricci

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Myklegard, Drew  
**Sent:** Tuesday, March 06, 2018 6:02:25 AM  
**To:** Blackburn, Scott R.; Mulligan, Ricci  
**Subject:** Re: [EXTERNAL] Fwd: EMR

Have a meeting where our VA team and Apple (Ricky and/or Jacky) walk Bruce through their slide deck that explains what they are doing. Use it as an opportunity for Shaman to build a relationship with him as VA gets closer to making our announcement.

Maybe an email like this:

We would like to get our team, Apple, and you on a phone call to walk you through the Veteran/patient experience and how it will improve their care. On this email is our clinical leadf or the Apple engagement, Dr. Shaman Singh MD. He will take the lead for coordinating a meeting.

---

**From:** "Blackburn, Scott R." <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)>  
**Date:** Tuesday, March 6, 2018 at 5:42 AM  
**To:** Ricci Mulligan <[Ricci.Mulligan@va.gov](mailto:Ricci.Mulligan@va.gov)>, "Myklegard, Drew" <[David.Myklegard@va.gov](mailto:David.Myklegard@va.gov)>  
**Subject:** FW: [EXTERNAL] Fwd: EMR

See note below on Apple project. Thoughts on how to respond?

**From:** [Zenooz, Ashwini](#)  
**To:** [Windom, John H.](#); [Blackburn, Scott R.](#); [Short, John \(VACO\)](#)  
**Subject:** RE: [EXTERNAL] Fwd: EMR  
**Date:** Tuesday, March 06, 2018 9:45:40 AM

---

On physician and patient centric EHR: creating workflows with front line providers in-mind and engaged is the core part of change management strategy. Business and Clinical Requirements for Phase 1 of the acquisition were provided by Integrated Teams comprised of 200+ front line clinicians. Phase 2: in-depth workflow development for Cerner to implement at each site with follow a similar model. We are NOT adopting run-of-the-mill Cerner workflows. They will be configured based on requirements set forth by VA Clinical teams and Clinical Practice Guidelines.

Patient Perspective: We have engaged with VA patient centered design teams since day 1 of the project and our baseline discussions with Cerner started with the Veteran journey. Additionally, VSOs have been very engaged and have been/will be part of the design input and review as we implement patient portal, mobile scheduling etc.

Patient Centric EHR: Our focus is on providing high quality, value-based care and that was the basis of the "Choose VA" campaign. The goal of this implementation is to enable reliable metrics and data returns, measure outcomes so that patients have faster, access to quality care.

Please let me know if there are questions.

I'll be at the Venetian all day. (b)(6)

Ash

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Windom, John H.  
**Sent:** Tuesday, March 06, 2018 6:16:13 AM  
**To:** Blackburn, Scott R.; Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Fwd: EMR

Ash and John S.,

Please provide a one short paragraph technical and functional response for Mr. Blackburn to these elements that we have covered as part of our efforts. I can tell that our journey is coming to a close in the good Doctor's mind. Please do not create any ambiguity or open up any cans of worms in your responses. "Clear and concise." Thank you. Break Mr. Blackburn/I provided you the Apple comparison matrix awhile back but will send you again. My e-mail highlighted that the Apple solution that was announced is effectively portable electronic file cabinet not an EHR/EMR.

V/r,

John

John H. Windom, Senior Executive Service (SES)

Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
811 Vermont Avenue NW (5<sup>th</sup> Floor Suite 5080)  
Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)  
Executive Assistant: Ms. (b)(6) – Appointments and Scheduling  
(b)(6)@va.gov Office: (202) 461-6618

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**From:** Blackburn, Scott R.  
**Sent:** Tuesday, March 06, 2018 8:42 AM  
**To:** Windom, John H.; Zenooz, Ashwini; Short, John (VACO)  
**Subject:** FW: [EXTERNAL] Fwd: EMR

See email below. Any thoughts on how to respond?

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** David Shulkin  
**Sent:** Tuesday, March 06, 2018 7:09:43 AM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] Fwd: EMR

Can we begin to address and then ill respond back?

Sent from my iPhone

Begin forwarded message:

**From:** Bruce Moskowitz (b)(6)@mac.com>  
**Date:** March 5, 2018 at 6:49:58 AM EST  
**To:** (b)(6)@gmail.com, (b)(6)@reagan.com  
**Cc:** (b)(6)@gmail.com, IP (b)(6)@frenchangel59.com>, (b)(6)@gmail.com  
**Subject:** EMR

I would like to underscore the importance of getting the “Cloud” correctly and the other four issues with the new CIO’s. Also the composition of the physician input has to change immediately so that the EMR is patient centric and usable from the physician perspective.

Second this is going to take years to implement and especially in mental health we need a portable EMR solution that works with the DOD, the VA and the private sector. No one at the VA got back to me on what the Apple project can and can not do in terms of solving this problem.

**From:** Marc Sherman  
**To:** [Blackburn, Scott R.](#)  
**Cc:** [Schnitzer, Jay J](#); [IP](#); [Bruce Moskowitz](#)  
**Subject:** Re: [EXTERNAL] Re: CIOs  
**Date:** Wednesday, January 17, 2018 4:52:23 PM

---

I got your dial in and that works. Talk to you at 7:30

On Wed, Jan 17, 2018 at 10:45 AM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

That works. Talk to you then.

If you have a dial in that you prefer, let us know. Otherwise I can ask my assistant to send one out.

**From:** Marc Sherman [(b)(6)]@gmail.com]  
**Sent:** Wednesday, January 17, 2018 10:37 AM  
**To:** Blackburn, Scott R.  
**Cc:** Schnitzer, Jay J; IP; Bruce Moskowitz  
**Subject:** RE: [EXTERNAL] Re: CIOs

If today, 7:30pm?

Marc Sherman  
[(b)(6)]

On Jan 17, 2018 9:28 AM, "Blackburn, Scott R." <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Marc – thanks so much for the support. Good idea to jump on the phone to discuss. Today is best for me, but I can make tomorrow work as well. Am sure Jay will be flexible as well. Do you want to propose a time?

Scott

**From:** Marc Sherman [(b)(6)]@gmail.com]  
**Sent:** Wednesday, January 17, 2018 9:12 AM  
**To:** Blackburn, Scott R.

**Cc:** Schnitzer, Jay J; IP; Bruce Moskowitz  
**Subject:** [EXTERNAL] Re: CIOs

Scott

I understand the goal, but not certain I understand the process or approach to solving the goal. Would you and Jay be available late today or tomorrow to discuss so I know better what you are asking? I am copying Bruce and Ike so they know what my thoughts/questions are as well.

Marc

On Mon, Jan 15, 2018 at 3:23 PM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Marc,

I hope you had (or are still having) a nice MLK weekend. One thing that came out of discussions with the Secretary last week that I was wondering if we could get you/Bruce's help on.

The Secretary asked MITRE to help us understand what it would take for one of the large Epic based health care systems (e.g., Johns Hopkins, Cleveland Clinic, Kaiser Permanente, Partners, Mayo Clinic, Geisinger) to be able to "plug into" (my words) the future VA/Cerner based systems to seamlessly exchange data. We keep hearing that it would only be a modest technology investment and would instead require these providers to demand this as a requirement of Epic (we will be able to demand it of Cerner). He has asked MITRE to better understand this and estimate how much would it cost (is it a \$100k investment, a \$1m, \$10m, \$100m or a \$1b investment?).

In order to do this, MITRE would need the help of the CIOs. Ideally the Secretary would love to announce commitments of these healthcare systems to do this when he gives the keynote at HIMSS in Las Vegas on March 9.

Is this something you guys would be willing to help with? I am cc'ing Dr. Jay Schnitzer from MITRE who is helping us out (I believe you met Jay at least via phone last week).

Thanks,

Scott

Scott Blackburn

Executive in Charge, Office of Information & Technology

US Department of Veterans Affairs

**From:** (b)(6)  
**To:** Blackburn, Scott R.  
**Subject:** RE: [EXTERNAL] Re: CIOs  
**Date:** Wednesday, January 17, 2018 2:23:53 PM

---

Okay, just sent. I didn't include Mr. Pelmutter so please let me know if they decide he needs to be added.

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, January 17, 2018 2:12 PM  
**To:** (b)(6)  
**Subject:** RE: [EXTERNAL] Re: CIOs  
**Importance:** High

Please do

---

**From:** (b)(6)  
**Sent:** Wednesday, January 17, 2018 1:45 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: [EXTERNAL] Re: CIOs

Yes, you can use (b)(6). Should I send a calendar invite?

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, January 17, 2018 1:42 PM  
**To:** (b)(6)  
**Subject:** FW: [EXTERNAL] Re: CIOs  
**Importance:** High

Can you set up a dial in for this call tonight at 7:30pm? I think it is just me, Jay Schnitzer, Marc Sherman and Dr. Moskowitz. I do not think that Mr. Pelmutter is planning to dial in (Marc or Bruce will tell us if they are).

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, January 17, 2018 10:46 AM  
**To:** 'Marc Sherman'  
**Cc:** Schnitzer, Jay J; IP; Bruce Moskowitz  
**Subject:** RE: [EXTERNAL] Re: CIOs

That works. Talk to you then.

If you have a dial in that you prefer, let us know. Otherwise I can ask my assistant to send one out.

---

**From:** Marc Sherman (b)(6)@gmail.com  
**Sent:** Wednesday, January 17, 2018 10:37 AM  
**To:** Blackburn, Scott R.  
**Cc:** Schnitzer, Jay J; IP; Bruce Moskowitz  
**Subject:** RE: [EXTERNAL] Re: CIOs

If today, 7:30pm?

Marc Sherman

**From:** Schnitzer, Jay J  
**To:** [Blackburn, Scott R.](#)  
**Subject:** RE: [EXTERNAL] Re: CIOs  
**Date:** Wednesday, January 17, 2018 10:48:22 AM

---

Perfect, thanks.

Jay J. Schnitzer, M.D., Ph.D.  
MITRE

---

**From:** Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)>  
**Date:** Wednesday, Jan 17, 2018, 10:46 AM  
**To:** Schnitzer, Jay J <(b)(6)@mitre.org>  
**Subject:** RE: [EXTERNAL] Re: CIOs

Yep, let's plan on 7:30pm. I'm assuming it will be Marc/Bruce (rather than Ike).

---

**From:** Schnitzer, Jay J <(b)(6)@mitre.org>  
**Sent:** Wednesday, January 17, 2018 10:42 AM  
**To:** Blackburn, Scott R.  
**Subject:** RE: [EXTERNAL] Re: CIOs

Hi Scott,  
I will make 7:30 pm today work, if you wish.  
Best,  
Jay

Jay J. Schnitzer, M.D., Ph.D.  
MITRE

---

**From:** Marc Sherman <(b)(6)@gmail.com>  
**Date:** Wednesday, Jan 17, 2018, 10:37 AM  
**To:** Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)>  
**Cc:** Schnitzer, Jay J <(b)(6)@mitre.org>, IP <(b)(6)@frenchangel59.com>, Bruce Moskowitz <(b)(6)@mac.com>  
**Subject:** RE: [EXTERNAL] Re: CIOs

If today, 7:30pm?

Marc Sherman  
(b)(6)

On Jan 17, 2018 9:28 AM, "Blackburn, Scott R." <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:  
Marc – thanks so much for the support. Good idea to jump on the phone to discuss. Today is best for me, but I can make tomorrow work as well. Am sure Jay will be flexible as well. Do you want to propose a time?

Scott



**From:** (b)(6)  
**To:** Blackburn, Scott R.  
**Subject:** RE: [EXTERNAL] Re: EHR VA Call  
**Date:** Thursday, March 15, 2018 2:24:45 PM

---

Okay, I will start over and get Mr. Marc and Dr. Bruce's availability first.

---

**From:** Blackburn, Scott R.  
**Sent:** Thursday, March 15, 2018 2:21 PM  
**To:** (b)(6)  
**Subject:** FW: [EXTERNAL] Re: EHR VA Call  
**Importance:** High

Let's see if we can do one big call next week.

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Bruce Moskowitz  
**Sent:** Thursday, March 15, 2018 1:27:32 PM  
**To:** Windom, John H.; Blackburn, Scott R.; (b)(6)  
**Cc:** (b)(6)@gmail.com; IP; O'Rourke, Peter M.  
**Subject:** [EXTERNAL] Re: EHR VA Call

I want to make sure we are all in agreement of how this is structured. Marc and I want to be on every call that the group is on to discuss the contract. The whole group needs to be on the same call so we all give input to the whole contract and hear the same considerations and comments. Let me know if there is any discrepancy to this. Thank you

Sent from my iPad  
Bruce Moskowitz M.D.

On Mar 15, 2018, at 12:28 PM, VA CIO Executive Schedule <[vacocioexe@va.gov](mailto:vacocioexe@va.gov)> wrote:

<mime-attachment.ics>

**From:** Wynn, Jackie  
**To:** Moorhead, Quellie U. EOP/WHO; Blackburn, Scott R.  
**Cc:** Sullivan, Mary Jo  
**Subject:** RE: [EXTERNAL] RE: Friday afternoon  
**Date:** Thursday, January 04, 2018 12:08:31 PM

---

Thank you!

Thanks in advance

Jackie

-----Original Message-----

From: Moorhead, Quellie U. EOP/WHO (b)(6) [redacted]@who.eop.gov]  
Sent: Thursday, January 4, 2018 10:28 AM  
To: 'Blackburn, Scott R.' <Scott.Blackburn@va.gov>; Wynn, Jackie (b)(6) [redacted]@mitre.org>  
Subject: RE: [EXTERNAL] RE: Friday afternoon

Hi Scott and Jackie,

Chris is still planning on attending this event that starts at 1:30! Thank you for keeping me in the loop.

Kind regards,  
Quellie

-----Original Message-----

From: Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]  
Sent: Wednesday, January 3, 2018 8:44 PM  
To: Moorhead, Quellie U. EOP/WHO (b)(6) [redacted]@who.eop.gov>; Wynn, Jackie (b)(6) [redacted]@mitre.org>  
Subject: RE: [EXTERNAL] RE: Friday afternoon

Hi Quellie - my apologies. The Secretary asked that we move this up to start at 1:30pm. I hope this doesn't screw up Chris' schedule on Friday. We would really love for Chris to attend.

Scott

Sent with Good (>www.good.com<)

---

From: Moorhead, Quellie U. EOP/WHO  
Sent: Tuesday, January 02, 2018 7:26:40 PM  
To: Wynn, Jackie  
Subject: [EXTERNAL] RE: Friday afternoon

Thanks for the introduction, Scott! To bcc

Hi Jackie,

I currently have 3 PM held on Chris's schedule for the read out (with an hour of travel time before). Please let me know when the details are finalized so we can confirm his participation in this event!

Thank you,

Quellie

From: Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]  
Sent: Tuesday, January 2, 2018 1:16 PM  
To: Wynn, Jackie (b)(6)@mitre.org>  
Cc: Moorhead, Quellie U. EOP/WHO (b)(6)@who.eop.gov>  
Subject: RE: Friday afternoon

Hi Jackie - I'm cc'ing Quellie Moorhead (Chris' assistant).

Quellie - this is in regard to the email exchange Chris/I had this morning. MITRE is hosting a panel on Friday with experts specifically on VA's Electronic Health Record Interoperability issues. Many of the experts are overlapping with who you invited to the White House a few weeks ago. I invited Chris to come to the "debrief" with the Secretary later in the afternoon. I know he is interested but we are still working out time/logistics (which Jackie from MITRE is working to finalize).

Happy New Year!  
Scott

From: Wynn, Jackie (b)(6)@mitre.org]  
Sent: Tuesday, January 02, 2018 1:11 PM  
To: Blackburn, Scott R.; Colli, Jacqueline: (b)(6)  
Subject: [EXTERNAL] RE: Friday afternoon

Scott  
Can you send me Chris Liddell's email?

Sent with BlackBerry Work  
(>>www.blackberry.com<)  
From: Blackburn, Scott R. <Scott.Blackburn@va.gov<<mailto:Scott.Blackburn@va.gov>>  
Date: Tuesday, Jan 02, 2018, 9:26 AM  
To: Colli, Jacqueline (b)(6)@va.gov (b)(6)@va.gov (b)(6)  
(b)(6)@va.gov (b)(6)@va.gov>>  
Cc: Wynn, Jackie (b)(6)@mitre.org>>  
Subject: RE: Friday afternoon

One more thing. Chris Liddell is interested in attending as well. I invited him to come to the Secretary's report out and are just waiting on time/logistics.

From: Blackburn, Scott R.  
Sent: Tuesday, January 02, 2018 9:18 AM  
To: Colli, Jacqueline: (b)(6)  
Cc: 'Wynn, Jackie'  
Subject: Friday afternoon

Hi Jackie C - Happy New Year once again. Friday afternoon's session will be at MITRE in McLean. I am cc'ing Jackie Wynn for the exact address (they have a few different buildings and I don't want to give you the wrong one).

We can be flexible around the Secretary's calendar. I am guessing 3pm would be optimal but I will let you work that out with Jackie W. Ideally 90 minutes on the ground (but we will take 60). This is a pretty big meeting. Below are some more details.

All day Friday, MITRE will be convening a group of experts to weigh in on interoperability. At the end of the day, we are going to ask them to share what they are recommending directly to the Secretary. We will also invite DepSec Bowman, Dr. Clancy, John Windom and Ricci Mulligan (in place of me, I will be out with back surgery). Below is the information I already sent to the Secretary with a few updates in red.

**From:** Blackburn, Scott R.  
**To:** Marc Sherman; Bruce Moskowitz  
**Cc:** (b)(6)  
**Subject:** RE: [EXTERNAL] Re: FW: VA EHR Call  
**Date:** Monday, March 19, 2018 8:40:56 AM

---

Great. Talk to you then.

Sent with Good (www.good.com)

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**From:** Marc Sherman  
**Sent:** Monday, March 19, 2018 8:21:07 AM  
**To:** Blackburn, Scott R.; Bruce Moskowitz  
**Subject:** [EXTERNAL] Re: FW: VA EHR Call

Scott

In response to your question, I will be on the call at noon today.

Marc

Marc Sherman

(b)(6)

On Mar 18, 2018 3:11 PM, "Blackburn, Scott R." <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:  
Bruce/Marc – I hope you are both having a great weekend.

We have a call scheduled from noon-12:45 tomorrow. The intent of this was to have our contracting guys (John Windom, (b)(6)) walk you through how to read the government contract (which is obviously very different from typical private sector contracts). I just want to make sure you are clear on the purpose of this call and check to make sure you still want to do this. We did this with each of the CIOs/Doctors last week.

Scott

---

**From:** (b)(6)  
**Sent:** Sunday, March 18, 2018 2:36 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA EHR Call

Mr. Blackburn, I had scheduled this call with Dr. Bruce and Marc Sherman for the contract overview. Do you want to keep it or can I cancel it? Thanks, (b)(6)

-----Original Appointment-----

**From:** VA CIO Executive Schedule  
**Sent:** Thursday, March 15, 2018 11:23 AM

**To:** VA CIO Executive Schedule; (b)(6); Blackburn, Scott R.; Windom, John H.;  
(b)(6) @Bruce Moskowitz,MD; Marc Sherman; Bruce Moskowitz

**Subject:** VA EHR Call

**When:** Monday, March 19, 2018 12:00 PM-12:45 PM (UTC-05:00) Eastern Time (US & Canada).

**Where:** (b)(6)

**From:** Windom, John H.  
**To:** Blackburn, Scott R.; DJS; Bowman, Thomas  
**Subject:** RE: [EXTERNAL] Re: Scheduling a Call Regarding Feedback on VA EHR  
**Date:** Friday, March 16, 2018 7:21:22 AM

---

Thank you Sir.

Vr

John

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
811 Vermont Avenue NW (5<sup>th</sup> Floor Suite 5080)  
Washington, DC 20420  
John.Windom@va.gov  
Office: (202) 461-5820  
Mobile: (b)(6)  
Executive Assistant: Ms. (b)(6) – Appointments and Scheduling  
(b)(6)@va.gov Office: 202-382-3792

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**From:** Blackburn, Scott R.  
**Sent:** Thursday, March 15, 2018 8:45 PM  
**To:** DJS; Windom, John H.; Bowman, Thomas  
**Subject:** FW: [EXTERNAL] Re: Scheduling a Call Regarding Feedback on VA EHR

We are pushing to get this done no later than Tuesday so we can wrap this up. Talked to Bruce and we are perfectly aligned. He is going to help push these folks for us.

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Bruce Moskowitz  
**Sent:** Thursday, March 15, 2018 7:27:17 PM  
**To:** (b)(6)  
**Cc:** Stephanie Reel; Stan Huff; Manis, Jonathan (Jon); (b)(6)@facs.org; Cooper, Leslie T., M.D.; Karson Andrew Scott, M.D.; Shrestha, Rasu B; Rasu Shrestha; Blackburn, Scott R.; Windom, John H.; (b)(6)  
(b)(6)@Bruce Moskowitz, MD; Ashley Johnson; Mary Riordan; Mehresh Khalid; Marc Sherman; IP  
**Subject:** [EXTERNAL] Re: Scheduling a Call Regarding Feedback on VA EHR

All work for me

Sent from my iPad

**From:** (b)(6)  
**To:** Blackburn, Scott R.  
**Subject:** RE: [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR  
**Date:** Saturday, March 17, 2018 5:29:13 PM

---

It looks like if we do 8PM on Tuesday we can get:

Manis  
Reel  
Rasu  
Karson (probably joining late)

I know Dr. Ko is on travel Tuesday, but I haven't heard what time he lands.  
I think Dr. Cooper is also on travel and has not responded to the last email.  
Dr. Huff has not responded to the last email.

So maybe we go with Tuesday at 8PM. Depending on what Ko, Cooper and Huff say we can let Dr. Bruce engage with them if needed.

Let me know...

(b)(6)

---

**From:** Blackburn, Scott R.  
**Sent:** Saturday, March 17, 2018 2:28 PM  
**To:** (b)(6)  
**Subject:** FW: [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR  
**Importance:** High

Maybe pulse Monday/Wednesday nights as well (seems after 6pm might work best for these folks)? Then i think we should just pick one (either Mon, Tues or Wed night) and just go with it.

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Karson, Andrew Scott,M.D.  
**Sent:** Saturday, March 17, 2018 2:23:32 PM  
**To:** (b)(6)  
**Cc:** Blackburn, Scott R.; (b)(6) Windom, John H.  
**Subject:** [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR

Dear (b)(6) I am participating in a ceremony at 630 pm on Tuesday, but I could be on the VA call any time before that. (Also, I'll try to learn more about the timing of my other event to see if/when I could break away after 6:30 if needed.)  
Thanks and best,

**From:** [Blackburn, Scott R.](#)  
**To:** [Windom, John H.](#)  
**Subject:** RE: [EXTERNAL] Re: Stan Huff  
**Date:** Wednesday, March 21, 2018 6:08:00 PM

---

Thanks. I appreciate this. Hope my note lands well with them. Fingers crossed.

This has been a heck of a journey. I'm proud to have been in the foxhole with you. We've made a heck of a team.

---

**From:** Windom, John H.  
**Sent:** Wednesday, March 21, 2018 3:44 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: [EXTERNAL] Re: Stan Huff

Here you go Sir:

Marc,

Many thanks for the follow-up note this morning and your expert thoughts and orchestration of the inputs from a myriad of industry subject matter experts over the past weeks in support of VA's EHR Modernization efforts. We are leveraging these expert thoughts and comments to review/refine/re-validate our RFPs (EHR and DVP), strategy/management documents and risk management portfolios as appropriate. We have been coordinating our efforts over the past 9 months with DoD and routinely exchanging lessons learned to ensure our overall contract and oversight strategies further mitigates their challenges and/or concerns. This can readily be seen in a myriad of updates to our contract, most recently trouble ticket management. As you know, risk cannot be 100% driven out of any endeavor of this magnitude or importance thus as Stephanie Reel so succinctly captured, "it is the oversight and management of the contract that will be of the utmost importance, as well as the VA's access to senior industry advisors." As such, at the Secretary's direction we will be forming a senior advisory to assist us throughout the process. We hope that you and Bruce will want to continue to advise and monitor us on our efforts, both near and long term. Some of our preliminary thoughts of membership include the following and would welcome your thoughts on the makeup of this critical advisory group:

Stephanie Reel (Hopkins)  
Jon Manis (Sutter)  
Rasu (UPMC)  
Shafiq Rab (Rush)  
Chris Ross (Mayo)  
Vivek Reddy (Intermountain)  
Aneesh Chopra  
Ryan Howells (Leavitt Partners)  
Frank Opelka (American College of Physicians)  
Will Morris or Ed Marx (Cleveland Clinic)  
Dr. Andy Karson (Mass General Hospital)  
Dr. Bruce Moskowitz (Tenet)  
Alistair Erskine (Geisinger)  
Daniel Barchi (New York Presbyterian)



Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care pledge. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions. As recommended, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is consistent with the desires of many of our external experts.

Change management, governance, training and communication remain critical and foundational elements of business transformation success. The program management office (PMO) will be the primary orchestrator of these strategies but will be calling for support from the entire VA enterprise to implement these practices in support of EHR modernization objectives.

Marc, thank you for everything. We are ready to take the next step. We hope you will take us up on our offer to be an advisor.

Scott

I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the

effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.

1. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
2. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
811 Vermont Avenue NW (5<sup>th</sup> Floor Suite 5080)  
Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)  
Executive Assistant: Ms. (b)(6) - Appointments and Scheduling  
(b)(6)@va.gov Office: 202-382-3792

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**From:** Blackburn, Scott R.  
**Sent:** Wednesday, March 21, 2018 9:35 AM  
**To:** Windom, John H.  
**Subject:** FW: [EXTERNAL] Re: Stan Huff

**From:** Marc Sherman [[mailto:\(b\)\(6\)@gmail.com](mailto:(b)(6)@gmail.com)]  
**Sent:** Wednesday, March 21, 2018 9:31 AM  
**To:** Blackburn, Scott R.

**Cc:** DJS

**Subject:** Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.
2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an

**From:** Marc Sherman  
**To:** [Blackburn, Scott R.](#)  
**Subject:** Re: [EXTERNAL] Re: Thanks!  
**Date:** Thursday, January 18, 2018 4:30:36 PM

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Great to hear. Keep up the good work!!!!!!!!!!!!!!

On Thu, Jan 18, 2018 at 4:27 PM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Thanks. I am feeling better every day. I had my post-op appointment this morning and the doctor says I'm progressing well.

**From:** Marc Sherman [mailto:[\(b\)\(6\)@gmail.com](mailto:(b)(6)@gmail.com)]  
**Sent:** Thursday, January 18, 2018 4:25 PM  
**To:** Blackburn, Scott R.  
**Cc:** Bruce Moskowitz; Schnitzer, Jay J  
**Subject:** [EXTERNAL] Re: Thanks!

Thank you Scott. We really appreciate the feedback and your and Jay's openness. I hope you both know that our interest is the VA's best interest (and the interest of those charged with its oversight). We stand ready to help as things move forward.

I hope your recovery is progressing from the surgery...forgot to inquire last night and apologize for that.

All the best

Marc (and on behalf of Bruce)

On Thu, Jan 18, 2018 at 3:34 PM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Marc/Bruce – I just want to say thank you once again for the support, partnership, and sage advice. Great conversation last night and I appreciate you guys being direct/blunt in your feedback. As I mentioned – being a former college QB (w/ tough coaches), a former Army officer, and having spent 10 years in McKinsey's feedback culture – you don't ever have to worry about my feelings being hurt.

I had a good conversation with the Secretary this morning and he too appreciates the

feedback. We will adjust and are working on refining our next steps.

Thanks again,

Scott

Scott Blackburn

Action CIO

US Department of Veterans Affairs

**From:** Blackburn, Scott R.  
**To:** (b)(6)  
**Subject:** RE: [EXTERNAL] Re: VA EHR call  
**Date:** Sunday, March 18, 2018 2:19:00 PM

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Yes please

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**From:** (b)(6)  
**Sent:** Sunday, March 18, 2018 2:18 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: [EXTERNAL] Re: VA EHR call

Yes, I think that will work. I am going to invite everyone just in case folks have last minute changes to their schedules. Do we want to do 90 minutes?

---

**From:** Blackburn, Scott R.  
**Sent:** Sunday, March 18, 2018 2:17 PM  
**To:** (b)(6)  
**Subject:** RE: [EXTERNAL] Re: VA EHR call  
**Importance:** High

Yes, let's do it.

I know Stan Huff can't join. Perhaps we have a second call on Wednesday for anyone who couldn't join.

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**From:** (b)(6)  
**Sent:** Sunday, March 18, 2018 2:16 PM  
**To:** Blackburn, Scott R.  
**Subject:** FW: [EXTERNAL] Re: VA EHR call

Mr. Blackburn, let me know if I can send the invite out for Tuesday at 8PM. It looks like Dr. Cooper can now join for the first half of the call. Thanks, (b)(6)

---

**From:** Bruce Moskowitz (b)(6)@mac.com]  
**Sent:** Sunday, March 18, 2018 1:50 PM  
**To:** Blackburn, Scott R.  
**Cc:** Marc Sherman; (b)(6)  
**Subject:** [EXTERNAL] Re: VA EHR call

Ok

Sent from my iPad  
Bruce Moskowitz M.D.

On Mar 18, 2018, at 12:28 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce/Marc – it is looking like Tuesday 8pm ET is going to work best for our CIOs/Doctors. We will have at least 4 people confirmed (Manis, Reel, Shretha and Karson; likely Stan Huff as well which would make 5). Dr. Cooper I know is a single issue

SME so we can probably do that one separately. Dr. Ko has a tough schedule all this week.

Would Tuesday 8pm work for you/Marc? If so – we will press for that time. I will get everyone from VA who needs to be on the call, on the call at that time.

Thanks again for the help,  
Scott

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**From:** (b)(6)  
**Sent:** Saturday, March 17, 2018 5:29 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR

It looks like if we do 8PM on Tuesday we can get:

Manis  
Reel  
Rasu  
Karson (probably joining late)

I know Dr. Ko is on travel Tuesday, but I haven't heard what time he lands.  
I think Dr. Cooper is also on travel and has not responded to the last email.  
Dr. Huff has not responded to the last email.

So maybe we go with Tuesday at 8PM. Depending on what Ko, Cooper and Huff say we can let Dr. Bruce engage with them if needed.

Let me know...

(b)(6)

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**From:** Blackburn, Scott R.  
**Sent:** Saturday, March 17, 2018 2:28 PM  
**To:** (b)(6)  
**Subject:** FW: [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR  
**Importance:** High

Maybe pulse Monday/Wednesday nights as well (seems after 6pm might work best for these folks)? Then i think we should just pick one (either Mon, Tues or Wed night) and just go with it.

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Karson, Andrew Scott, M.D.  
**Sent:** Saturday, March 17, 2018 2:23:32 PM  
**To:** (b)(6)  
**Cc:** Blackburn, Scott R.; (b)(6) Windom, John H.  
**Subject:** [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR

Dear (b)(6) I am participating in a ceremony at 630 pm on Tuesday, but I could be on the VA call any time before that. (Also, I'll try to learn more about the timing of my other event to see if/when I could break away after 6:30 if needed.)

Thanks and best,  
Andy

---

**From:** (b)(6)@va.gov]  
**Sent:** Saturday, March 17, 2018 12:15 PM  
**To:** Karson, Andrew Scott, M.D. (b)(6)@mgh.harvard.edu>  
**Cc:** Blackburn, Scott R. <Scott.Blackburn@va.gov> (b)(6)  
(b)(6)@va.gov>; Windom, John H. <John.Windom@va.gov>  
**Subject:** RE: Scheduling a Call Regarding Feedback on VA EHR  
**Importance:** High

Good afternoon Dr. Karson,

Thank you again for confirming Tuesday works best for you. If we started the call later in the evening, between 5-8PM EST would you still be available? So far Tuesday seems to work best for everyone.

Thanks again!

(b)(6)

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**From:** Karson, Andrew Scott, M.D. (b)(6)@mgh.harvard.edu]  
**Sent:** Friday, March 16, 2018 7:22 PM  
**To:** (b)(6)  
**Subject:** [EXTERNAL] RE: Scheduling a Call Regarding Feedback on VA EHR

Dear (b)(6) so sorry for the delay getting back to you; I have been on the road most of yesterday/today and first catching up on emails now. The only time among those three that I can do is the Tuesday time. (I will be part of an out of town family event on Sunday and in the air on Monday.)

Many thanks and best,  
Andy

---

**From:** (b)(6)@va.gov]  
**Sent:** Friday, March 16, 2018 7:12 PM  
**To:** Stan Huff (b)(6)@imail.org>; Cooper, Leslie T., M.D.  
(b)(6)@mayo.edu>; Karson, Andrew Scott, M.D.  
(b)(6)@mgh.harvard.edu>; Shrestha, Rasu B (b)(6)@upmc.edu>; Rasu  
Shrestha (b)(6)@gmail.com>



**Cc:** Blackburn, Scott R. <Scott.Blackburn@va.gov>; Windom, John H. <John.Windom@va.gov>; (b)(6)@va.gov>

**Subject:** RE: Scheduling a Call Regarding Feedback on VA EHR

**Importance:** High

Good evening,

Another friendly reminder to please let me know which dates works best for your schedule.

Have a great evening,

(b)(6)

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**From:** (b)(6)

**Sent:** Friday, March 16, 2018 1:06 PM

**To:** 'Stephanie Reel'; 'Stan Huff'; (b)(6)@facs.org; 'Cooper, Leslie T., M.D.'; 'Karson, Andrew Scott,M.D.'; 'Shrestha, Rasu B'; 'Rasu Shrestha'

**Cc:** Blackburn, Scott R.; Windom, John H.; (b)(6) 'Bruce Moskowitz'; (b)(6)@Bruce Moskowitz,MD'; 'Ashley Johnson'; 'Mary Riordan'; 'Mehwesh Khalid'; 'Marc Sherman'; 'IP'

**Subject:** RE: Scheduling a Call Regarding Feedback on VA EHR

**Importance:** High

Good afternoon,

A friendly reminder to please let me know which date works best for your schedule.  
Please feel free to call me with any questions.

Thank you,

(b)(6)

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**From:** (b)(6)

**Sent:** Thursday, March 15, 2018 7:27 PM

**To:** Stephanie Reel; 'Stan Huff'; 'Manis, Jonathan (Jon)'; (b)(6)@facs.org; 'Cooper, Leslie T., M.D.'; 'Karson, Andrew Scott,M.D.'; 'Shrestha, Rasu B'; 'Rasu Shrestha'

**Cc:** Blackburn, Scott R.; Windom, John H.; (b)(6) Bruce Moskowitz; (b)(6)@Bruce Moskowitz,MD'; 'Ashley Johnson'; 'Mary Riordan'; 'Mehwesh Khalid'; 'Marc Sherman'; 'IP'

**Subject:** Scheduling a Call Regarding Feedback on VA EHR

Good evening,

We would like to schedule a call in the next few days to share feedback on the VA EHR contract. I have been corresponding with many of you on different dates and times next week, but we are going to schedule the call for either Sunday 3/18 at 4PM EST, Monday 3/19 at 4PM EST or Tuesday 3/20 at 4PM EST. Please let me know which date will work best for your schedule. Feel free to call me with any questions and I look forward to hearing from you.

Thank you,

(b)(6)

(b)(6)

Executive Assistant to the Assistant Secretary

Office of Information and Technology

US Department of Veterans Affairs

Desk: 202-461-6288

Cell: (b)(6)

The information in this e-mail is intended only for the person to whom it is addressed. If you believe this e-mail was sent to you in error and the e-mail contains patient information, please contact the Partners Compliance HelpLine at <http://www.partners.org/complianceline> . If the e-mail was sent to you in error but does not contain patient information, please contact the sender and properly dispose of the e-mail.

**From:** [Zenooz, Ashwini](#)  
**To:** [Blackburn, Scott R.](#); [Short, John \(VACO\)](#)  
**Subject:** RE: [EXTERNAL] Re: VA EHR  
**Date:** Friday, March 23, 2018 12:36:45 PM

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Will do

Sent with Good (www.good.com)

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**From:** Blackburn, Scott R.  
**Sent:** Friday, March 23, 2018 9:34:21 AM  
**To:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR

Share this with Windom so he has this when he talks to the Secretary. Marc doesn't understand what is in the contract.

Sent with Good (www.good.com)

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**From:** Zenooz, Ashwini  
**Sent:** Friday, March 23, 2018 12:24:36 PM  
**To:** Blackburn, Scott R.; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR

Interesting. Btw, I think Dr. Cooper's questions were answered in 5.5.1 but I will double check.

Dr. Karson was very happy we had drilled down into medical devices and integration. I had forwarded you the sections I discussed with him.

I know Short was connecting with Stan and Rasu on technical elements but you saw my note that Cerner will stand up the FHIR term server.

Stephanie has been supportive and I have already sent her our mock cases and she said she will volunteer her people to help us with it.

I'm very lost in what else is missing here.

Thank you for sending this to us.

Ash

Sent with Good (www.good.com)

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**From:** Blackburn, Scott R.  
**Sent:** Friday, March 23, 2018 9:16:15 AM  
**To:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** FW: [EXTERNAL] Re: VA EHR

I already sent to Windom and DepSec. I told Windom to get with the Secretary today to gauge his reactions.

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Marc Sherman  
**Sent:** Friday, March 23, 2018 9:47:39 AM  
**To:** Blackburn, Scott R.  
**Cc:** Bruce Moskowitz; DJS  
**Subject:** [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

**From:** (b)(6)  
**To:** Blackburn, Scott R.; (b)(6)  
**Cc:** Windom, John H.  
**Subject:** RE: [EXTERNAL] RE: VA EHR  
**Date:** Wednesday, March 14, 2018 7:41:12 AM

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Good morning, I believe we have everyone scheduled for tomorrow here is the breakdown:

8:30AM

Reel  
Ko

11:30AM

Huff  
Karson  
Cooper

I have yet to hear back from the three folks you emailed last night.

Thanks,

(b)(6)

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**From:** Blackburn, Scott R.  
**Sent:** Tuesday, March 13, 2018 11:07 PM  
**To:** (b)(6)  
**Cc:** Windom, John H.  
**Subject:** FW: [EXTERNAL] RE: VA EHR  
**Importance:** High

Let's try to get everyone else lined up on the timeline I previously laid out. I don't want to ruin his vacation. At the same time I don't want this to drag on.

---

**From:** Cooper, Leslie T., M.D. (b)(6) @mayo.edu]  
**Sent:** Tuesday, March 13, 2018 11:04 PM  
**To:** Blackburn, Scott R.  
**Cc:** (b)(6)  
**Subject:** Re: [EXTERNAL] RE: VA EHR

Tomorrow or next Thursday? I am on the Big Sur coast now on vacation. Cell coverage spotty. Leslie Cooper

Sent from my iPhone

On Mar 13, 2018, at 1:46 PM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Leslie – thank you so much! 2 next steps.

- 1) (b)(6) (cc'd here) will send you the latest package of material to review.
- 2) (b)(6) (also cc'd here) will reach out to you to schedule some time this week so

that (b)(6) team can orient you to what (b)(6) will be sending to you. Government contracts are very different than typical private sector contracts (longer and some would say more bureaucratic). So in order to help we'll jump on the phone so that (b)(6) can walk you through what sections to look at and what you can ignore.

Thanks again!  
Scott

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**From:** Cooper, Leslie T., M.D. (b)(6) [REDACTED]@mayo.edu]  
**Sent:** Tuesday, March 13, 2018 12:43 PM  
**To:** Blackburn, Scott R.  
**Subject:** Re: [EXTERNAL] VA EHR

Thank you for the invitation to provide input. I am glad for accept. Please let me know how I can be of service. I will be traveling largely out of cell coverage the next day.  
Leslie Cooper

Sent from my iPhone

On Mar 12, 2018, at 6:55 AM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Dr. Cooper:

I hope this finds you well. On behalf of Secretary Shulkin I wanted to see if we could enlist your help. We are very close to finalizing our EHR deal with Cerner; however we want to make sure we get a few extra set of eyes on it to make sure we are doing right by Veterans, the country and taxpayers. Would you have the time/ability to conduct a quick high level review and provide input in the next week or so? You were referred to us by Dr. Bruce Moskowitz.

Thanks so much,  
Scott

**Scott Blackburn**

Acting CIO & Executive-in-Charge, Office of Information & Technology  
Department of Veterans Affairs

**From:** Windom, John H.  
**To:** Blackburn, Scott R.; Bowman, Thomas  
**Cc:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR  
**Date:** Saturday, March 24, 2018 8:03:38 AM

---

Sir

Thank you sir. Her change in health was incredibly abrupt. I am back Sunday and in the office Monday. Your thoughts and prayers are definitely felt. Great news that the doctors were able to take her off the ventilator and she is breathing on her own. Fluid in her lungs has subsided. Test being run on causes of fluid. Pneumonia or heart failure are the anticipated outcomes. More to follow but I am feeling good and optimistic now.

Vr  
John

Sent with Good (www.good.com)

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**From:** Blackburn, Scott R.  
**Sent:** Friday, March 23, 2018 2:22:28 PM  
**To:** Windom, John H.; Bowman, Thomas  
**Cc:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR

Oh no. So sorry to hear that. My thoughts and prayers are with you and your family.

Sent with Good (www.good.com)

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**From:** Windom, John H.  
**Sent:** Friday, March 23, 2018 4:32:06 PM  
**To:** Blackburn, Scott R.; Bowman, Thomas  
**Cc:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR

Sir,

Mom admitted to the hospital. In ICU. Flying out to see her this evening. I will connect with SECVA/DEPSEC on Monday. My concerns are truly elsewhere right now. I told DEPSEC and Danny that I was headed out. Thank you for your understanding and sorry you are dealing with this "nonsense" during your time with the family. Available by phone and email all weekend.

Vr  
John

Sent with Good (www.good.com)

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**From:** Blackburn, Scott R.  
**Sent:** Friday, March 23, 2018 12:08:22 PM  
**To:** Windom, John H.; Bowman, Thomas  
**Cc:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR

I agree. Please connect with the Secretary today to make sure we are all on the same page.

(b)(5)

**From:** Windom, John H.  
**Sent:** Friday, March 23, 2018 1:55 PM  
**To:** Blackburn, Scott R.; Bowman, Thomas  
**Cc:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

I went back and read Mr. Sherman's email and reviewed my notes. I see no recommended language for insertion in the contract to address his concerns. What it appears to be is a push to perform an interoperability sandbox/test platform in advance of contract award.

Vr  
John

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
811 Vermont Avenue NW (5<sup>th</sup> Floor Suite 5080)  
Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)  
Executive Assistant: Ms. (b)(6) - Appointments and Scheduling  
(b)(6) @va.gov Office: 202-382-3792

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**From:** Windom, John H.  
**Sent:** Friday, March 23, 2018 1:47 PM  
**To:** Blackburn, Scott R.; Bowman, Thomas  
**Cc:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR

management activities for Veterans.

- c) By IOC, the Contractor shall provide a software solution enabling VA to release and consume, via on-demand access, a Veteran's complete longitudinal health record to and from DoD and connected community partners, irrespective of which EHR they use, provided such EHR technology is certified by the Health and Human Services Office of the National Coordinator (ONC) or its successor. The longitudinal record solution shall support Provider-to-Provider record sharing, as well as Provider-Veteran-Provider sharing (Veteran mediated record sharing), including appropriate consent management. The bi-directional health information exchange shall maximize use of discrete data that supports context-driven clinical decisions and informatics.
- d) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling connected VA, DoD and community providers connected to the EHRM to send and receive Admission/Discharge/Transfer notifications "pushed" from the provider initiating a Veteran care event to enable proactive engagement by VA care coordinators when notified of a Veteran care event.
- e) Within 24 months of applicable task order award, the Contractor will demonstrate a solution for identification and management of Veterans at high risk of suicide, in collaboration with community partners.
- f) By IOC, the contractor shall provide URL based image access to the VA, community and academic partner systems who can support the URL and a viewer to the providers via the health information exchange networks. Within 36 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and community providers connected to the EHRM to have nationwide access to Veterans' imaging associated with diagnostic tests.
- g) By IOC, the Contractor shall provide a software solution for multilateral standards-based ingestion, normalization, storage, and exporting of Health Information Exchange acquired Veteran health information. The Contractor shall ensure that the solution provides a computable dataset for purposes of population health and research analytics, clinical decision support, and workflow integration.
- h) By IOC, the Contractor shall provide the capability to connect and exchange VA electronic health records via other interoperable networks, such as eHealth Exchange, CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange by supporting their specifications, security and content specifications. Contractor shall support network record locator services and patient provider associations as applicable in accordance with applicable technical standards and the Trusted Exchange Framework and Common Agreement (TEFCA).
- i) By IOC, the Contractor shall provide a capability for provider collaboration via secure e-mail using the ONC Direct protocol or future VA-designated standard within a Cerner Millennium EHR workflow context.
- j) Within 36 months of applicable task order award, the Contractor shall provide a solution for a Software Development Kit (SDK) enabling standards-based applications (e.g., SMART, FHIR, etc.) integrated with EHRM solutions and platforms.
- k) Cerner shall deliver annually an Interoperability Plan to the VA on how it intends to meet the objectives established in PWS section 5.10.4. The initial plan will be due within 3 months of applicable TO award.
- l) The Contractor shall conduct an annual Interoperability Self-Assessment against standards that shall be specified by VA, such as those promulgated by HIMSS or future standards to be identified by VA. The annual self assessment shall report on the state of each data element (e.g., which are supported in what capacities and in which formats). This will help assure standards implementation consistency and assure standards compliance with evolving national standards.
- m) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, and order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies.

#### 5.10.4.1 Data Design and Information Sharing

In support of the interoperability objectives under this Section, agreed upon Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) may be provided to both international and national standards designating organizations as described and set forth in an applicable Task Order. The Contractor shall provide VA access and usage rights into any underlying proprietary terminology/code systems for the purpose of enhancing national standards to address any gaps identified in the EHRM solution. The Contractor shall also make the interoperability capabilities and product enhancements developed under this contract available to non-VA Cerner clients.

#### 5.10.4.2 VA Digital Health Platform/Digital Veterans Platform Integration

VA anticipates developing a Digital Health Platform/Digital Veterans Platform (DVP) to consolidate critical VA EHR and non-EHR operational systems. The Contractor shall integrate the EHRM to interoperate with DVP, or future state VA platform, including the DVP API gateway or any other method designated by VA.

John H. Windom, Senior Executive Service (SES)  
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(b)(6) @va.gov Office: 202-382-3792

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**From:** Blackburn, Scott R.  
**Sent:** Friday, March 23, 2018 12:15 PM  
**To:** Windom, John H.; Bowman, Thomas  
**Subject:** FW: [EXTERNAL] Re: VA EHR

John - you might want to swing the by Secretary/Deputy's office before end of day to get a sense of where he is with respect to this.

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Marc Sherman  
**Sent:** Friday, March 23, 2018 9:47:39 AM  
**To:** Blackburn, Scott R.  
**Cc:** Bruce Moskowitz; DJS  
**Subject:** [EXTERNAL] Re: VA EHR

Scott,

Thanks for inviting me to listen in on your calls this week with the subject matter experts. I was happy to make time to participate as requested and always happy to provide my thoughts for your consideration when requested.

I read carefully your email about the efforts to work out the holes raised by the experts. You are on the way to kicking off an exciting project with a highly respected Contractor/vendor and a VA team that has worked very hard; and I know everyone has the goal to build the best next generation system for the veterans' healthcare. However, there were several major issues raised in the calls this week with the technical and clinical experts that you try to explain away in your email as solved, but indeed are not according to the experts. These issues, they believe, will prevent a successful implementation and I fear come back to haunt this project and its



**From:** Windom, John H.  
**To:** Bowman, Thomas; Blackburn, Scott R.  
**Cc:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR  
**Date:** Friday, March 23, 2018 4:38:11 PM

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Sir  
Your support has been unwavering. Already receiving good news on the home front but need to put eyes on target, Mom.  
Thank you Sir.  
Vr  
John

Sent with Good (www.good.com)

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**From:** Bowman, Thomas  
**Sent:** Friday, March 23, 2018 1:35:58 PM  
**To:** Windom, John H.; Blackburn, Scott R.  
**Cc:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR

John. My prayers are with you and your family. You are where you need to be. Best,

Sent with Good (www.good.com)

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**From:** Windom, John H.  
**Sent:** Friday, March 23, 2018 1:32:06 PM  
**To:** Blackburn, Scott R.; Bowman, Thomas  
**Cc:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR

Sir,  
Mom admitted to the hospital. In ICU. Flying out to see her this evening. I will connect with SECVA/DEPSEC on Monday. My concerns are truly elsewhere right now. I told DEPSEC and Danny that I was headed out. Thank you for your understanding and sorry you are dealing with this "nonsense" during your time with the family. Available by phone and email all weekend.

Vr  
John

Sent with Good (www.good.com)

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**From:** Blackburn, Scott R.  
**Sent:** Friday, March 23, 2018 12:08:22 PM  
**To:** Windom, John H.; Bowman, Thomas  
**Cc:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR

I agree. Please connect with the Secretary today to make sure we are all on the same page.

This is a case of continuing to talk past each other (given Marc doesn't understand the context of government nor does he understand the contract). We can do an interoperability sandbox/test platform, but we still need to sign the contract. In fact, I think we need to sign the contract in order to do this. Not signing the contract essentially kills the deal.

**From:** Windom, John H.  
**Sent:** Friday, March 23, 2018 1:55 PM  
**To:** Blackburn, Scott R.; Bowman, Thomas  
**Cc:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,  
I went back and read Mr. Sherman's email and reviewed my notes. I see no recommended language for insertion in the contract to address his concerns. What it appears to be is a push to perform an interoperability sandbox/test platform in advance of contract award.

Vr  
John

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
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Executive Assistant: (b)(6) Appointments and Scheduling  
(b)(6)@va.gov Office: 202-382-3792

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**From:** Windom, John H.  
**Sent:** Friday, March 23, 2018 1:47 PM  
**To:** Blackburn, Scott R.; Bowman, Thomas  
**Cc:** Zenooz, Ashwini; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: VA EHR

Mr. Blackburn,

Not sure where Mr. Sherman is going with his comments but our language in the contract is consistent with the requirements of our Clinicians, various external reviews and the Mitre report. Mr. Sherman is seeking specificity in the interoperability realm that simply does not exist today and is evolving even as I type. We have provisions in the EHR contract to insert technology as we, the VA, as well as to incorporate evolving technology and standards. The DVP acquisition is our bridge to the use of APIs (gateways), FHIR, etc. We have modified our interoperability language (below) based on the Mitre and the many external reviews to give us the utmost flexibility over the 10-year life of this contract. The Secretary personally halted the recent phone call to stop Marc Sherman, et. Al's parade of national interoperability objectives as not feasible at this juncture "anywhere," but included as part of our overall interoperability strategy that includes the DVP acquisition/strategy. We are committed to establishing the interoperability test bed/sandbox at IOC to solidify our interoperability objectives prior to full deployment to the enterprise. In addition, I believe Mr. Sherman meant to highlight section 5.5.1 which speaks to the data domains that were called into question and their inclusion in the contract. They are clearly in the contract as captured below. (b)(5)

(b)(5) We have an incremental/iterative change management strategy that will culminate in a successful EHR Modernization effort. (b)(5) The problem is, we must continue to deliver uninterrupted and quality care to our Veterans during the transformation within the parameters of the law and other regulations/policies (e.g. cybersecurity, cloud, etc.) bounding our integration/implementation strategies. Our existing language is sound and appropriately balances change management risks, future insertion of technology, innovation opportunities, standards development, etc. without artificially inflating the cost of the contract through the incorporation of excess specificity that never materializes in practice. Through the Initial Operating Capabilities (IOC) process and the judicious issuance of task orders, we will have the ability to change course direction as appropriate without excess risk to the taxpayers or our overall success. Mr. Sherman continues to fail to recognize that it is Program Management Oversight (PMO) and VA commitment to change management that will drive our success in these areas, not more words in the contract.

V/r,  
John

#### IDIQ PWS 5.5.1: Workflow Development and Normalization:

j) The Contractor shall enable configuration of the application that supports external community data without requiring the clinician to go to special screens to see and use reconciled external data. By IOC entry, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Problems
- Allergies
- Home Medications
- Procedures - including associated reports and with appropriately filtered CPT codes
- Immunizations
- Discharge Summaries
- Progress Notes
- Consult Notes
- History & Physicals
- Operative Notes
- Radiology and Diagnostic Reports (Into "Documentation" component)

By IOC exit, the Contractor shall support incorporation of the following external community data domains, including but not limited to these domains and sub-domains:

- Results
  - o Labs
  - General
  - Pathology and Microbiology
- o Vitals
- Radiology and Diagnostic Reports (Into "Diagnostic Report" component)
- Images

**IDIQ PWS Section 5.10.4:** Seamless Interoperability / Joint Industry Outreach includes significant detail on the topic. The interoperability section is copied below this table for reference.

**IDIQ PWS section 5.5.4 Data Exchange - Application Program Interface (API) Gateway** also includes detail on the creation of strategic open APIs.

**VA NF-177: Interoperability - Data Standards:** The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these standards.

**VA-NF-T23: Informatics - Care Integration:** VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KRS5 [NOW +]

**VA NF-211: Health Information Exchange:** The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications

#### 5.10.4 Seamless Interoperability / Joint Industry Outreach

The Contractor is required to collaborate with VA affiliates, community partners, EHR providers, healthcare providers, and vendors to advance seamless care throughout the health care provider market. Seamless care will require the creation of an integrated inpatient and outpatient solution with software components that have been designed, integrated, maintained, and deployed with a design architecture that allows for access to and sharing of common data and an enabling security framework that supports end-to-end healthcare related clinical and business operations. Seamless care is the experience patients and providers have moving from task to task and encounter to encounter within or between organizations such that high-quality decisions form easily and complete care plans execute smoothly. Information systems support the seamless-care experience by gathering data, interpreting data, presenting information, and managing tasks. Currently, industry lacks specific and uniform interoperability standards to support seamless care between organizations that employ different EHR systems. The Requirements Traceability Matrix Section D, Attachment 003, sets forth specific Informatics and Interoperability contract requirements. To accomplish this, the Contractor shall provide software and services to enable seamless care between VA encounters, encounters with other Government healthcare institutions, and outside entities through advancements in all areas of the EHR that occur. In addition, the software and services shall support the VA designated standards, such as SMART on FHIR and SMART-enabled applications, or other published standards.

The objective of these interoperability solutions is to advance the state of the art supporting seamless care for Veterans. Existing organizations promoting interoperability among EHR vendors, such as The Argonaut Project, have developed or are planning to develop technology standards or technical approaches that may support the EHRM seamless care strategy. To the extent that underlying third party technology is available or made available to meet the following timelines, the following interoperability software solutions and services shall be delivered under this section:

- a) By Initial Operating Capability (IOC), the Contractor shall provide a software solution enabling VA, DoD and community providers who have connected to the EHRM to share interactive care plans (ICPs) for Veterans. ICPs will enable collaborative communication between providers, and between providers and Veterans, in managing Veteran care.
- b) Within 24 months of applicable task order award, the Contractor shall provide a software solution enabling VA, DoD and connected community providers to complete referral

overseers. I hate to be a naysayer, but I respectfully don't agree with some of your conclusions expressed in your email when I listen to the experts with whom you consulted; and the experts are in fact not swayed by the follow-up conversations with them. The experts are recommending a system for the VA that has various enhancements to today's standard system functionality. At a minimum, I heard those experts express their opinions that the contract dangerously lacks definitions, standards and a clear expression of this required, defined enhanced (non-standard) functionality (they articulate it much better than I). Failing to express this type of definitional clarity in the contract is an invitation to ambiguity, disputes and ultimate failure of purpose. The best "oversight and management of the contract" will not turn a contract lacking specificity into a vision of clarity. Including contractual clarity allows the Contractor to understand TODAY what is expected so that today it can confirm its agreement to provide the full functionality desired and have a better understanding of what is expected of them. Clarity in the contract is a healthy ingredient for the VA and the Contractor.

I would be delighted to be wrong and welcome a demonstration of where Section 5.1 of the contract provides this specificity that Drs. Cooper and Huff, for example, urged. In light of the system requirements that these experts say must be included, which are enhancements of today's standard deliverables, the contract language is ambiguous. You say that "risk cannot be 100% driven out of any transformation of this magnitude," a concept to which I subscribe. However, when you substitute this concept for clear, written and defined functionality, especially for a design that is expected to be unique in many respects, you are doomed to disappointment and conflict.

I am sorry to be so harsh in my opinions, but the experts are so united on this point; and together with my historical observations of failures in nearly identical situations I just see warning flares going off. Scott, I want to see this project get started, and quickly, as much as anyone, but with the clarity that equally serves the VA and the Contractor, and prevents evident problems down the road. I also believe these things are easy to resolve in the contract language in relatively minimal time.

Just my opinion and food for thought as you make your decisions.

Marc

On Wed, Mar 21, 2018 at 10:19 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.
  - Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
  - We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. (b)(5)

(b)(5)

- Per Stephanie's suggestion, we are going to start moving forward ASAP on formalizing an Advisory Committee so that we can get these insights on an ongoing basis. Formalizing this will allow for continuity of expertise throughout our journey. Obviously we will want Stephanie, John, Andy, Rasu, etc. Cris Ross (Mayo), Will Morris or Ed Marx (Cleveland Clinic), Frank Opelka (American College of Surgeons) are others you've introduced us to along the way that we would love to include. We would like to work with you to make sure we get this right.
- As recommended last night, an interoperability sandbox/test bed will be established during our Initial Operating Capabilities (IOC) implementation/deployment process to solidify the requisite interoperability requirements prior to full enterprise deployment. This is a great suggestion and very consistent with what we have been hearing from many experts.
- Our team is reviewing all the feedback (both oral from the calls and the written notes that some provided) and cross-walking this against the language in the RFP/contract documents (both EHR and also Lighthouse). We are not seeing any major changes to the contract nor do we see any showstoppers. Upon receiving the feedback, we feel very good that we have a solid contract from which we will just need to make minor revisions.
- After discussing this with Secretary Shulkin today, we feel strongly about moving forward quickly. We will make any necessary tweaks with Cerner ASAP (we absolutely do not anticipate any push back; and Cerner has promised to turn things around immediately) and will move forward to sign the overarching IDIQ contract. Assuming Congress approves the Omnibus bill by Friday (and President Trumps signs it), we will then have the funding and authority to do so – and Secretary Shulkin could sign as early as next week. If the Omnibus falls through (which let's hope not), then we would have to request a transfer from the Congressional appropriation committees which will then take ~2 weeks. Signing the initial task orders will allow us to start moving forward with Cerner on the initial 3 hospitals (which will be in Washington state) on things like site surveys, infrastructure readiness, data hosting, change management (with will include wide involvement from clinicians inside and outside VA...something we heard loud and clear from Bruce!), help desk establishment, and project oversight (which we've heard loud and clear from Stephanie/Jon). As a reminder, given the IDIQ structure of the contract we would not be signing the full contract (rather just Year 1 – which is ~5% of the value of the contract). But this will allow us to get moving and out of the "quicksand".
- Marc makes a great point below on turning DoD's struggles into a positive. We have been working very closely with the DoD team over the past 9 months (I now have my own Pentagon ID pass I am there so much; John and I work very closely with their EHR lead Stacy Cummings; John Windom talks to her several times a week). We have incorporated a lot of their stumbles into our contract (e.g., data migration was a big issue with Congressman Phil Roe and we addressed that; and most recently we have made some adjustments on trouble ticket management based on what you've read in the papers). We are paying very close attention to their implementation issues (workflow, change management, governance) to make sure we don't make the same mistake twice. DoD's biggest problems are around implementation and change management. This underscores Bruce's point of making sure we have clinician buy-in and involvement from the get-go (I couldn't agree more). This will make getting move on change management in Task Order #1 so important.
- As you both know, risk cannot be 100% driven out of any transformation of this magnitude. Stephanie Reel so succinctly captured, "it is the oversight and management of the contract that will be of the utmost importance, as well as the VA'S access to senior industry advisors." I think we have a great plan. The biggest thing I worry about will be executing and we are definitely going to need all the help we can get.

Again, we believe the construct of the contract, and more importantly the proper oversight and management of the contract will greatly mitigate cost, schedule and performance

concerns, as well as support the timely injection of technological advancements (e.g. cloud, APIs, etc.) at the appropriate pace and balance necessary to support our Veterans without jeopardizing our overall care. Interoperability remains at the forefront of our concerns, and your comments, the MITRE study and various other external inputs contributing significantly to our RFP language and corresponding requirements. Interoperability will be a moving target for years to come, but our contract allows us to leverage the best of ideas of industry throughout the contract's life without incurring the exorbitant costs you have alluded to, as well as not be bound by potentially antiquated definitions.

Bruce/Marc, thank you for everything. As I mentioned to Bruce recently, you have been tremendous "demanding partners" on this journey and we are incredibly appreciate. We look forward to continuing this relationship as we take the next steps.

Scott

**From:** Marc Sherman (b)(6) [REDACTED]@gmail.com  
**Sent:** Wednesday, March 21, 2018 9:31 AM  
**To:** Blackburn, Scott R.  
**Cc:** DJS  
**Subject:** Re: [EXTERNAL] Re: Stan Huff

I agree that the call was very helpful. I spent the night after the call reflecting on some of the discussion and thought I would offer some reaction/feedback that still seems unsettled. I will outline my nighttime thoughts below in case you find them useful.

1. I thought that Dr. Cooper made a good case for inserting specific definitions and standards on the meaning and use of "interoperability," especially since that term has as many meanings in the industry as those who speak it. It is so easy for the contractor to proceed down a design path using one definition or standard while the users will require a totally different standard. That runs the risk of not being discovered until later, perhaps even up to implementation, a very costly result. Perhaps a similar problem (a seemingly big problem) that the DOD implementation faces now where the users are rebelling. Unfortunately, if this "gap" in definition is not discovered until IOC, it will be very difficult and very expensive to fix (ala the DOD problem). I agree with Dr. Cooper, why not set the critical definitions and standards in the contract (PWS) now and eliminate the chance for any confusion or ambiguity. It will pay dividends later in terms of less arguments, better initial design, happier user community, less overall cost, better healthcare delivery, etc. Then, with the standard fully defined and set in the original PWS, the mock-up test will be much sooner in time and much more complete the first time, allowing the users to provide input sooner and better, eliminating costly design mistakes from the beginning. The user community can tell you today what is needed to accomplish this "next generation" system that will be a model for the country and the future of healthcare (as Ms. Reel envisioned on the call last night). Why would you not want to tell the contractor the specifics of that now, in fairness to them, the VA, the patients and healthcare, so they can proceed with that standard from day one or express any concerns they may have now instead of in the future after costly design has occurred? Why would you not want to be specific in the contract to prevent ambiguity? Dr. Shulkin pushed back on Dr. Cooper's view as already accomplished in the PWS and cited Section 5 (I believe he said section 5.1.1) of the PWS. Dr. Cooper, as a physician user and not a technician, deferred on the effectiveness of the existing contract language to others, but commented that the CIO of MAYO read the contract and also did not think it adequately contained the right defining language to set out unambiguous definitions and standard. I have read the contract again last night and happen to agree, or am missing it. If I am wrong, it would be useful for someone to point me in the right direction.
2. I was also thinking about the current reported problems of the DOD implementation seemingly caused by a user (clinician) revolt over inadequacy (or unsuitability) for their needs. The VA runs that same risk. Perhaps that problem could be a benefit to your effort. Why not accumulate all of the user complaints/issues in the DOD implementation identified by the users and chart them out. Then identify which of those issues would be issues if they existed in the VA implementation and include them in the contract as definitional requirements. You have the benefit of knowing the failures in the very system upon which you are modeling your system...and you have an added advantage and opportunity to contractually prevent similar mistakes.
3. I have other thoughts as well that we should discuss, but these are the ones that I felt more pressing to highlight since I will be unavailable today.

Best

Marc

On Wed, Mar 21, 2018 at 8:24 AM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:  
No problem Marc. Thanks for all your help. Very helpful call last night.

**From:** Marc Sherman (b)(6) [REDACTED]@gmail.com  
**Sent:** Wednesday, March 21, 2018 12:12 AM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] Re: Stan Huff

Scott

I won't be able to join the call tomorrow as I have a previous commitment that I cannot move. I will catch up with you or Bruce after.

Marc

Marc Sherman

(b)(6) [REDACTED]

On Tue, Mar 20, 2018, 10:30 PM Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce/Marc – thanks for introducing us to all the experts we talked to tonight. It was extremely valuable.

We have Stan Huff from Intermountain tomorrow at 10am. I assume you have the calendar invite, but just in case it is (b)(6) [REDACTED]

We have been unable to schedule anything with Dr. Ko (very busy calendar). We will try.

Scott

Scott Blackburn  
Executive in Charge, Office of Information & Technology  
US Department of Veterans Affairs

**From:** Schnitzer, Jay J  
**To:** [Blackburn, Scott R.](#)  
**Cc:** [Wynn, Jackie](#)  
**Subject:** RE: [EXTERNAL] Re: VA interoperability - outside experts  
**Date:** Tuesday, January 02, 2018 9:23:27 AM

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Hi Scott,  
I have a phone call scheduled with Andy later today.  
Best,  
Jay

Jay J. Schnitzer, M.D., Ph.D.  
MITRE

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**From:** Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)>  
**Date:** Tuesday, Jan 02, 2018, 9:20 AM  
**To:** Marc Sherman <(b)(6)@gmail.com>  
**Cc:** (b)(6)@mgh.harvard.edu, (b)(6)@mgh.harvard.edu, Bruce Moskowitz  
(b)(6)@mac.com, Schnitzer, Jay J (b)(6)@mitre.org, Wynn, Jackie  
(b)(6)@mitre.org  
**Subject:** RE: [EXTERNAL] Re: VA interoperability - outside experts

Marc/Bruce/Andrew – thank you so much! We are very excited that Andrew might be able to join. I have cc'd Jay/Jackie from MITRE who will be hosting this.

Jay/Jackie – can you send Andrew/Marc/Bruce the details?

Thanks,  
Scott

**From:** Marc Sherman (b)(6)@gmail.com]  
**Sent:** Tuesday, January 02, 2018 6:09 AM  
**To:** Blackburn, Scott R.  
**Cc:** (b)(6)@mgh.harvard.edu; Bruce Moskowitz  
**Subject:** [EXTERNAL] Re: VA interoperability - outside experts

Scott,

Andrew Karson will likely be able to attend the January 5 VA interoperability summit. Can you please send Andrew all of the details (about purpose, logistics etc) and copy me and Bruce? I have included Andrew on this email so you each have contact info of the other.

Marc

Marc Sherman  
(b)(6)

On Dec 29, 2017 5:43 PM, "Blackburn, Scott R." <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:  
Marc – Happy New Year! I hope you are enjoying the holidays.

As I mentioned previously, MITRE is helping us get outside expert opinions on what we need to demand (from Cerner or elsewhere) to meet our interoperability needs. I just found out they are putting together an all-day expert panel on January 5 at MITRE in McLean VA. Frank Opelka, who you recommended, will be there as will Cris Ross (CIO from Mayo Clinic) who MITRE confirmed independently. The list of confirmed participants is below (I know they are working on confirming a few others).

I know it is short notice, and over the holidays, but is there anyone else that you/Bruce would recommend MITRE include?

Current list of participants:

- Aneesh Chopra, President, CareJourney, former United States Chief Technology Officer
- Cris Ross, CIO, Mayo Clinic
- Carla Smith, President, HMMS
- Ryan Howells, Principal, Leavitt Partners, LLC (recommended by Chris Liddell, Office of American Innovation)
- Paul R. Sutton, MD, PhD, University of Washington
- Frank Opelka, MD, American College of Surgeons
- Kenneth Mandl, MD, MPH, Boston Children's Hospital

**From:** Bruce Moskowitz  
**To:** Marc Sherman  
**Cc:** (b)(6) Blackburn, Scott R.; IP; Laura Perlmutter; Windom, John H.; (b)(6)  
**Subject:** Re: [EXTERNAL] Re: VHA EHR - 2 calls that my assistant will set up  
**Date:** Thursday, March 15, 2018 11:13:49 AM

---

Thank you just received

Sent from my iPad  
Bruce Moskowitz M.D.

On Mar 15, 2018, at 11:08 AM, Marc Sherman <(b)(6)@gmail.com> wrote:

Thanks (b)(6)

On Mar 15, 2018 8:01 AM, "(b)(6)"@va.gov wrote:

Mr. Sherman – The notice was just resent to Dr. Moskowitz. He should receive an email from the following address, [usarmy.redstone.rdecom-amrdec.mbx.safe-team@mail.mil](mailto:usarmy.redstone.rdecom-amrdec.mbx.safe-team@mail.mil).

Thanks,

(b)(6)

Contracting Officer  
Department of Veterans Affairs  
Office of Procurement, Acquisition and Logistics  
Technology Acquisition Center  
23 Christopher Way  
Eatontown, New Jersey 07724  
Office: 732-440-9650  
Mobile: (b)(6)  
e-mail: (b)(6)@va.gov



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**From:** Marc Sherman (b)(6) [redacted]@gmail.com]  
**Sent:** Thursday, March 15, 2018 10:54 AM  
**To:** Blackburn, Scott R.  
**Cc:** IP; Laura Perlmutter; Bruce Moskowitz; (b)(6) [redacted] Windom, John H.; (b)(6) [redacted]  
**Subject:** [EXTERNAL] Re: VHA EHR - 2 calls that my assistant will set up

Scott and (b)(6) [redacted]

I received a document download email with a password from

### **AMRDEC Safe Access File Exchange**

However, Bruce has not received a similar email. Can you please get that to him?

Marc

On Mar 13, 2018 2:04 PM, "Blackburn, Scott R." <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Marc/Bruce/Ike – thank you so much for the prompt replies. I just spoke to Bruce.



We've got 100% participation (Stephanie Reel, Stan Huff, Jon Manis, Dr. Ko, Dr Karson, Dr. Cooper, and Dr. Shretha) and we are moving forward. (b)(6) (cc'd, our contracting officer) is making sure everyone has the right material. (b)(6) (my assistant, cc'd here) will be organizing a few phone calls in 2 steps:

Step 1 – Basic orientation to the government contract structure. This will be a 30-45 minute orientation so that folks know what they are looking at. John Windom and (b)(6) will host this and clue people into the parts to focus on and parts that are standard government things that are less relevant. This can be done in groups (ideally) or in one-offs to fit to accommodate people's busy schedules. (b)(6) has already scheduled 2 times in case these work for you. If they do not, she will work with your schedulers to find other times in the next 24-48 hours (sooner the better).

- Thursday 8:30-9:15am ET – Stephanie Reel confirmed
- Thursday 11:30am-12:15pm ET – Stan Huff confirmed

Step 2 – Feedback calls. Per Bruce's idea, we'll schedule 2 separate feedback calls for early next week. Both 90 minutes each. We are aiming for Monday, Tuesday or Wednesday at the latest. (b)(6) will set these up.

- CIOs (Reel, Huff, Manis, Shretha – and of course each of you are encouraged to join)
- Doctors (Dr. Karson, Dr. Ko, and Dr. Cooper – and of course each of you are encouraged to join)

Let me know how this sounds. Thank you again for your support and assistance on this critical matter.

Scott

**From:** Marc Sherman (b)(6)@gmail.com]

**Sent:** Tuesday, March 13, 2018 1:40 PM

**To:** Blackburn, Scott R.

**Cc:** IP: (b)(6)@gmail.com; Bruce Moskowitz; (b)(6) Windom, John H.; DJS

**Subject:** [EXTERNAL] Re: VA EHR NDA

Scott, (b)(6) and John

Thank you for the NDA draft that you sent along and the organized approach. I have attached the following to close the loop:

1. a marked up version of the NDA with a few necessary adjustments in red-line so you can see the changes that were made,
2. a blank copy of the amended NDA for Bruce and Ike to sign, and
3. a signed version by me of the amended NDA.

Thanks and happy to help as requested.

Marc

On Tue, Mar 13, 2018 at 10:31 AM, Blackburn, Scott R.  
<[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Ike, Bruce, Marc:

Thank each of you for agreeing to lend an extra set of outside eyes on the EHR contract. We appreciate your support and want to make sure we get to the best place possible for Veterans, the country and taxpayers. As we are incredibly grateful to you for volunteering your time, we want to make this as easy as possible for you. Here are 3 next steps.

- 1) We will need you to sign the attached NDA. Please return to (b)(6) (cc'd).
- 2) (b)(6) will then send you the latest package under separate cover.
- 3) Given government contracts are different than what you are used to reading, we would propose a quick phone call so that we can orient you to the contract and help focus you on the parts where your expertise will be most valuable. (b)(6) (who is the government contracting officer) and John Windom (who is our EHR leader) will lead this from our side. I will ask (b)(6) (b)(6) (cc'd) here to help set up a time. We can either do this all together, if

calendars match up, or separately if need be.

We have also connected with Stephanie Reel, Stan Huff, Dr. Karson, Dr. Ko, Dr. Shretha, and Jon Manis who all have all received the NDA and we are working with them. I am hoping to connect with Dr. Cooper today.

Thanks again!

Scott

**Scott Blackburn**

Acting CIO & Executive-in-Charge, Office of Information & Technology

Department of Veterans Affairs

**From:** Blackburn, Scott R.  
**To:** Bruce Moskowitz  
**Cc:** IP: [b](6)@gmail.com  
**Subject:** RE: [EXTERNAL] Stan Huff  
**Date:** Wednesday, March 21, 2018 1:03:43 PM  
**Attachments:** PHI RE EXTERNAL RE EHR VA Call.msg

---

Attached is what Stan sent me. I haven't been able to open it. I'm going to have to go back to him and have him resend.

Scott

-----Original Message-----

From: Bruce Moskowitz [b](6)@mac.com]  
Sent: Wednesday, March 21, 2018 11:30 AM  
To: Blackburn, Scott R.  
Cc: IP: [b](6)@gmail.com  
Subject: [EXTERNAL] Stan Huff

Can you send his notes to us? Thank you

Sent from my iPad  
Bruce Moskowitz M.D.

**From:** Bruce Moskowitz  
**To:** Blackburn, Scott R.  
**Cc:** IP: (b)(6)@gmail.com; (b)(6)@frenchangel59.com  
**Subject:** Re: [EXTERNAL] Stan Huff  
**Date:** Wednesday, March 21, 2018 1:46:14 PM

---

Thank you

Sent from my iPad  
Bruce Moskowitz M.D.

> On Mar 21, 2018, at 1:08 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:  
>  
> Figured it out. Here are the files/notes that Stan wrote up for us...  
>  
> -----Original Message-----  
> From: Bruce Moskowitz (b)(6)@mac.com]  
> Sent: Wednesday, March 21, 2018 11:30 AM  
> To: Blackburn, Scott R.  
> Cc: IP: (b)(6)@gmail.com  
> Subject: [EXTERNAL] Stan Huff  
>  
> Can you send his notes to us? Thank you  
>  
> Sent from my iPad  
> Bruce Moskowitz M.D.  
> <suggestions to VA on the contract.docx>  
> <Requests for Cerner EHR platform to Support Innovation and Interoperability smh.docx>  
> <Copy of 003 - VA EHRM Non-Functional RTM (Amended 2.16.2018) smh.xlsx>

**From:** Bruce Moskowitz  
**To:** [Blackburn, Scott R.](#)  
**Cc:** [Carolyn](#)  
**Subject:** Re: [EXTERNAL] VA-CIO CALL  
**Date:** Monday, November 20, 2017 6:10:47 PM

---

Thank you for your response. I will be available for a phone call at a convenient time for both of us. Carolyn will set it up

Sent from my iPhone

On Nov 20, 2017, at 5:33 PM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

Dr. Moskowitz,

Thank you so much for the note and for all the help/support. I would love to meet you in person. Do you have any plans to be in Washington anytime soon?

I thought the call last week was extremely valuable. The experience and wisdom of the participants is such a great asset – we would be fools to not take full advantage of it. I do agree fully that there was a lot to cover in only two hours. I think the moderator was doing the best he could to get as much out of it as possible, while trying to be respectful of the time that so many important people were volunteering. If the 5 CIOs were willing to follow up, perhaps we schedule another session(s) on various deep dive topics? We would absolutely love that.

Just by way of introduction – I jumped into the CIO role less than 2 months ago when our previous CIO (Rob Thomas) abruptly retired to deal with some personal issues. I am a disabled Army Veteran (MIT ROTC). After getting out of service I went to business school and then to McKinsey where I made partner and spent 9+ years there leading large business transformations in industrial clients. Bob McDonald (the former P&G CEO and former Secretary) convinced me to join VA to lead the turnaround after the 2014 Phoenix scandal. From Feb-Sept, I served as Secretary Shulkin's Deputy until a political appointee was put in place. Then jumped into the CIO role to work with the team and make sure this gets done. We are still awaiting a permanent CIO.

I would be happy to jump on the phone this week to if you would like.

Thanks again for your support!  
Scott

Scott Blackburn  
Acting CIO and Executive in Charge, Office of Information & Technology  
US Department of Veterans Affairs

**From:** [Clancy, Carolyn](#)  
**To:** [Blackburn, Scott R.](#)  
**Subject:** RE: [EXTERNAL] VA-CIO CALL  
**Date:** Monday, November 20, 2017 8:38:27 PM

---

W-o-w

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Monday, November 20, 2017 1:43:25 PM  
**To:** Windom, John H.; Clancy, Carolyn; Lapuz, Miguel H.  
**Subject:** FW: [EXTERNAL] VA-CIO CALL

FYI

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Bruce Moskowitz  
**Sent:** Monday, November 20, 2017 6:01:58 AM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] VA-CIO CALL

Dear Scott:

I thought the VA-CIO call November 15 to help you with practical industry expertise relating to your proposed Cerner implementation generated some valuable conversation. The participants were some of the most highly experienced CIOs with deep EMR backgrounds, together with physicians who focus on medical error prevention and improving the EMR experience. I hope and expect that you found it of great value. Since we have not spoken before, you may not be aware that I am the person who personally recruited the Academic Medical Centers to provide the VA with advice, intended to help the VA create and implement a path to fix its care delivery issues, as well as advise on other areas where they can be of value to better veterans' care. I have been a central point for the group and was the collection point for the participants' post-call debrief. Also, for reference purposes, each of the people on yesterday's call has performed flawless implementations of state of the art EMR systems on behalf of their respective healthcare delivery systems, some more than once.

Since the call was structured to focus the discussion on the few direct questions set forth in your agenda, and the moderator controlled the timing of each question very tightly, the breadth of the discussion was somewhat limited. As a result, you only had the benefit of the experts' advice in the areas that the moderator put on the table... and the participant's want to make sure you have the benefit of their complete thoughts and feedback. Everyone felt good about the discussion on the agenda questions and felt that the scope and implementation issues relating to DOD / VA interoperability were well in hand. However, some of the participants' questions raised about other areas left them uneasy about the readiness of the system for implementation

**From:** [Blackburn, Scott R.](#)  
**To:** [Prince-Wheeler, Latriece R.](#)  
**Subject:** RE: 5 CIOs  
**Date:** Wednesday, October 25, 2017 7:46:58 PM

---

Good idea.

Sent with Good (www.good.com)

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**From:** Prince-Wheeler, Latriece R.  
**Sent:** Wednesday, October 25, 2017 6:28:35 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: 5 CIOs

Ok sounds good. Do you want your team to look up on Google thier names first so you can say Chris do you have jacks contact info from so and so?

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, October 25, 2017 5:18:01 PM  
**To:** Prince-Wheeler, Latriece R.  
**Subject:** RE: 5 CIOs

Thanks. I just want to make sure David is cool with my plan. I will email them telling them we want to do this and asking for their contact info or introductions. Chris/Jared will be excited as this is exactly the type of thing they wanted us to do after yesterday. We just didn't come up with this idea until after the meeting with David/Tom/Windom/I huddled to figure out what to do next.

Sent with Good (www.good.com)

---

**From:** Prince-Wheeler, Latriece R.  
**Sent:** Wednesday, October 25, 2017 4:52:02 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: 5 CIOs

Yes, here you go

Liddell, Christopher P. EOP/WHO (b)(6)@who.eop.gov)  
Kushner, Jared C. EOP/WHO (b)(6)@who.eop.gov>

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, October 25, 2017 4:51 PM  
**To:** Prince-Wheeler, Latriece R.



**Subject:** RE: 5 CIOs  
**Importance:** High

Do you have an email address for Chris and/or Jared?

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Prince-Wheeler, Latriece R.  
**Sent:** Wednesday, October 25, 2017 4:15:43 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: 5 CIOs

Chris probably would be able to do that or send contact info. Or staff may be able to just google it.

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, October 25, 2017 4:12:57 PM  
**To:** Prince-Wheeler, Latriece R.  
**Subject:** RE: 5 CIOs

No problem. Would Jared/Chris be able to make those introductions? At our meeting yesterday the Kaiser guy was on the phone.

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Prince-Wheeler, Latriece R.  
**Sent:** Wednesday, October 25, 2017 3:24:03 PM  
**To:** Blackburn, Scott R.  
**Subject:** FW: 5 CIOs

I misspoke on contact information for these particular CIO's. I have CIOs that left cerner and went to epic. Apologies.

---

**From:** Windom, John H.  
**Sent:** Wednesday, October 25, 2017 3:18 PM  
**To:** Blackburn, Scott R.; DJS  
**Cc:** Prince-Wheeler, Latriece R.; Bowman, Thomas  
**Subject:** RE: 5 CIOs

All sounds great Sir.  
Vr  
John

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.

**Sent:** Wednesday, October 25, 2017 12:08:07 PM

**To:** DJS

**Cc:** Prince-Wheeler, Latriece R.; Bowman, Thomas; Windom, John H.

**Subject:** 5 CIOs

Here is my plan. I just want to make sure you are good with it before I execute it. If so, I'll get the email addresses from Latriece.

Step 1 – send an email to Jared Kushner and Chris Liddell knowing that we do this. We didn't tell them directly yesterday and I don't want to blindside them.

Step 2 – send the below email to the 5 CIOs (Kaiser, Cleveland Clinic, Partners, Mayo, Johns Hopkins). Follow up with calls to confirm them.

Step 3 – set up this 90 minute meeting sometime in the next 10 days. Invite them to join either phone or in person. If Chris/Jared want to join, we can have them join as well. We will host here at 810 Vermont.

This sound like a good plan?

<insert names>

This is Scott Blackburn, the Acting CIO for the Department of Veterans Affairs (VA). On behalf of the Secretary David Shulkin, I would like to invite you to participate in a critical review of our Electronic Health Record (EHR) modernization strategy and corresponding Request for Proposal (RFP) to Cerner. Your organizations have been at the forefront of the evolution high quality IT-based health care services and delivery for decades, and thus we would be remiss if we did not seek to gain your insight prior to our final contracting decision.

I anticipate a round table style engagement/discussion in the Washington, D.C. area that will last approximately two hours. I will be accompanied by the Program Executive Officer for VA Electronic Health Record Modernization (PEO EHRM), John Windom, and his key staff members including his Chief Medical Officer (CMO), Chief Technology Officer (CTO) and Director of Contracts. We have spoken to many commercial health care industry leaders regarding EHR implementation and deployment, and continue to maintain a strong relationship with our Department of Defense (DoD) counterparts, with regards to their EHR deployment activities and related challenges. We believe that we have developed a comprehensive RFP with particular emphasis on notable "fail points" EHR-deployment arena such as Governance, Training, Change Management, Data Migration, Funding, etc. to name only a few, but look forward to your thoughts on these and others.

I ask that you please provide me your primary schedule manager or point of contact to coordinate a date and time that maximizes our overall participation at this all-important review forum. Thank

you in advance for your attention to this note, participation and willingness to help our Veterans continue to receive the very best healthcare.

Scott Blackburn

Scott Blackburn  
Executive in Charge, Office of Information & Technology  
US Department of Veterans Affairs

**From:** [Windom, John H.](#)  
**To:** [Blackburn, Scott R.](#); [DJS](#)  
**Cc:** [Prince-Wheeler, Latriece R.](#); [Bowman, Thomas](#)  
**Subject:** RE: 5 CIOs  
**Date:** Wednesday, October 25, 2017 4:15:49 PM

---

Sir,  
I believe I responded, but plan looks good to me.  
Vr  
John

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
810 Vermont Avenue NW (Suite 375X)  
Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, October 25, 2017 3:08 PM  
**To:** DJS  
**Cc:** Prince-Wheeler, Latriece R.; Bowman, Thomas; Windom, John H.  
**Subject:** 5 CIOs

Here is my plan. I just want to make sure you are good with it before I execute it. If so, I'll get the email addresses from Latriece.

Step 1 – send an email to Jared Kushner and Chris Liddell knowing that we do this. We didn't tell them directly yesterday and I don't want to blindside them.

Step 2 – send the below email to the 5 CIOs (Kaiser, Cleveland Clinic, Partners, Mayo, Johns Hopkins). Follow up with calls to confirm them.

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This sound like a good plan?

<insert names>

This is Scott Blackburn, the Acting CIO for the Department of Veterans Affairs (VA). On behalf of the

**From:** [DJS](#)  
**To:** [Blackburn, Scott R.](#)  
**Subject:** RE: Bruce M + Mark Sherman  
**Date:** Wednesday, November 22, 2017 5:39:05 PM

---

I tried you - call me at (b)(6)

Sent with Good (www.good.com)

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, November 22, 2017 1:43:33 PM  
**To:** DJS  
**Subject:** Bruce M + Mark Sherman

When you have a minute, can you give me a call? (b)(6)

I just had a conversation with Bruce and Mark Sherman (both joined in on the CIO call last week). They have a suggestion that I need to run by you.

---

**From:** Bruce Moskowitz [mailto:[brucemoskowitzmd@mac.com](mailto:brucemoskowitzmd@mac.com)]  
**Sent:** Monday, November 20, 2017 6:02 AM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] VA-CIO CALL

Dear Scott:

I thought the VA-CIO call November 15 to help you with practical industry expertise relating to your proposed Cerner implementation generated some valuable conversation. The participants were some of the most highly experienced CIOs with deep EMR backgrounds, together with physicians who focus on medical error prevention and improving the EMR experience. I hope and expect that you found it of great value. Since we have not spoken before, you may not be aware that I am the person who personally recruited the Academic Medical Centers to provide the VA with advice, intended to help the VA create and implement a path to fix its care delivery issues, as well as advise on other areas where they can be of value to better veterans' care. I have been a central point for the group and was the collection point for the participants' post-call debrief. Also, for reference purposes, each of the people on yesterday's call has performed flawless implementations of state of the art EMR systems on behalf of their respective healthcare delivery systems, some more than once.

Since the call was structured to focus the discussion on the few direct questions set forth in your agenda, and the moderator controlled the timing of each question very tightly, the breadth of the discussion was somewhat limited. As a result, you only had the benefit of the experts' advice in the areas that the moderator put on the table... and the participant's want to make sure you have the benefit of their complete thoughts and feedback. Everyone felt good about the discussion on the agenda questions and felt that the scope and implementation issues relating to DOD / VA interoperability were well in hand. However, some of the participants' questions raised about other areas left them uneasy about the readiness of the system for implementation

**From:** [Blackburn, Scott R.](#)  
**To:** [Sandoval, Camilo J.](#)  
**Cc:** [Windom, John H.](#)  
**Subject:** RE: Contract Language  
**Date:** Monday, April 02, 2018 9:40:00 AM

---

Morris, Genevieve (OS/ONC/IO)(b)(6)@hhs.gov

I don't think I have a phone number for her, but will let you know if I can find it.

---

**From:** Sandoval, Camilo J.  
**Sent:** Monday, April 02, 2018 9:03 AM  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Scott, Do you have Genevieve's work email address and phone number? I need to contact her today and not sure where I can find her or if she at the VA yet.

Thank you,  
Camilo

---

**From:** Blackburn, Scott R.  
**Sent:** Sunday, April 01, 2018 6:28:05 PM  
**To:** Sandoval, Camilo J.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Yep, I know Genevieve. She is good. Will give it some thought. Is she detailed in to VHA I assume?

---

**From:** Sandoval, Camilo J.  
**Sent:** Sunday, April 01, 2018 8:39 PM  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Excellent, I'll touch base with Windom tomorrow morning.

Also, there's someone by the name of Genevieve Morris from the Office of National Coordinator (ONC) joining the VA tomorrow on a 120 day detail. I believe she will be helping us review the contract as well, at least with regards to interoperability, and already working with the EHR team.

Do you know (of) her? Any thoughts on how we might utilize her expertise in combination with Rasu, beyond just reviewing the Cerner contract? She seems to have a solid policy background in her respective space. Do you see Genevieve and Rasu working together to cover the policy and functional aspects of Interoperability?

Camilo

---

**From:** Blackburn, Scott R.  
**Sent:** Sunday, April 01, 2018 4:38:47 PM  
**To:** Sandoval, Camilo J.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Not sure we did. John?

What he might be talking about is the feedback from the calls we had 2 weeks ago. I believe John and team have created a thorough matrix to reconcile that feedback (and Ash did follow ups with each to make sure we understood their feedback and then understood how we were reconciling that feedback). There was also the language that we received via OGC.

I'll leave it to John to weigh in.

---

**From:** Sandoval, Camilo J.  
**Sent:** Sunday, April 01, 2018 7:35 PM  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.  
**Subject:** Re: Contract Language

Scott,

I just spoke with Bruce Moskowitz regarding where things are with EHR and he mentioned you recently received language provided by several CIOs (Leslie Cooper, Stan Huff, Stephanie Reel, Jonathan Manis). Could you kindly forward me those emails and documents? I believe it was in regards to interoperability.

Hope you had a great Easter Sunday.

Thank you.  
Camilo

**From:** [Sandoval, Camilo J.](#)  
**To:** [Blackburn, Scott R.](#)  
**Subject:** RE: Contract Language  
**Date:** Sunday, April 01, 2018 9:31:07 PM

---

Yes, she begins tmrw. No idea where she will be in the morning, but was asked to meet with here asap.

---

**From:** Blackburn, Scott R.  
**Sent:** Sunday, April 01, 2018 6:28:05 PM  
**To:** Sandoval, Camilo J.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Yep, I know Genevieve. She is good. Will give it some thought. Is she detailed in to VHA I assume?

---

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**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

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Camilo

---

**From:** Blackburn, Scott R.  
**Sent:** Sunday, April 01, 2018 4:38:47 PM  
**To:** Sandoval, Camilo J.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Not sure we did. John?

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**From:** [Windom, John H.](#)  
**To:** [Blackburn, Scott R.](#)  
**Subject:** RE: Contract Language  
**Date:** Monday, April 02, 2018 7:32:48 AM

---

Negative Sir.

Vr  
John

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Sunday, April 01, 2018 7:26:06 PM  
**To:** Windom, John H.  
**Subject:** FW: Contract Language

Did you know anything about Genevieve Morris coming in?

---

**From:** Sandoval, Camilo J.  
**Sent:** Sunday, April 01, 2018 8:39 PM  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Excellent, I'll touch base with Windom tomorrow morning.

Also, there's someone by the name of Genevieve Morris from the Office of National Coordinator (ONC) joining the VA tomorrow on a 120 day detail. I believe she will be helping us review the contract as well, at least with regards to interoperability, and already working with the EHR team.

Do you know (of) her? Any thoughts on how we might utilize her expertise in combination with Rasu, beyond just reviewing the Cerner contract? She seems to have a solid policy background in her respective space. Do you see Genevieve and Rasu working together to cover the policy and functional aspects of Interoperability?

Camilo

---

**From:** Blackburn, Scott R.  
**Sent:** Sunday, April 01, 2018 4:38:47 PM  
**To:** Sandoval, Camilo J.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Not sure we did. John?

What he might be talking about is the feedback from the calls we had 2 weeks ago. I believe John

**From:** [Sandoval, Camilo J.](#)  
**To:** [Blackburn, Scott R.](#)  
**Cc:** [Windom, John H.](#)  
**Subject:** RE: Contract Language  
**Date:** Monday, April 02, 2018 9:04:49 AM

---

Scott, Do you have Genevieve's work email address and phone number? I need to contact her today and not sure where I can find her or if she at the VA yet.

Thank you,  
Camilo

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**From:** Blackburn, Scott R.  
**Sent:** Sunday, April 01, 2018 6:28:05 PM  
**To:** Sandoval, Camilo J.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Yep, I know Genevieve. She is good. Will give it some thought. Is she detailed in to VHA I assume?

---

**From:** Sandoval, Camilo J.  
**Sent:** Sunday, April 01, 2018 8:39 PM  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Excellent, I'll touch base with Windom tomorrow morning.

Also, there's someone by the name of Genevieve Morris from the Office of National Coordinator (ONC) joining the VA tomorrow on a 120 day detail. I believe she will be helping us review the contract as well, at least with regards to interoperability, and already working with the EHR team.

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Camilo

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**To:** Sandoval, Camilo J.  
**Cc:** Windom, John H.  
**Subject:** RE: Contract Language

Not sure we did. John?

What he might be talking about is the feedback from the calls we had 2 weeks ago. I believe John

**From:** [DJS](#)  
**To:** [Blackburn, Scott R.](#)  
**Cc:** [Bowman, Thomas](#); [Wright, Vivieca \(Simpson\)](#)  
**Subject:** RE: EHR interoperability - Jan 5 MITRE hosted panel  
**Date:** Friday, December 29, 2017 5:06:07 PM

---

Sounds good

I would try to reach Marc

I'm seeing him for lunch on Sunday in Florida

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Blackburn, Scott R.  
**Sent:** Friday, December 29, 2017 1:59:09 PM  
**To:** DJS  
**Cc:** Bowman, Thomas; Wright, Vivieca (Simpson)  
**Subject:** EHR interoperability - Jan 5 MITRE hosted panel

David – I hope you are getting some time off this week. I just got off the phone with MITRE/Window/team and wanted to connect on a few things. Feel free to give me a call whenever it is convenient for you over the weekend or we can connect in person on Tuesday.

- 1) January 5 MITRE expert panel. MITRE has at least 7 experts coming in for a full day. **If you are available, I have asked them to reserve 60-90 minutes at the end for the experts to brief you on their recommendations at the end of this day** (I would include the 3 of you + Carolyn + John Window). This will be at MITRE in McLean.
  - The 7 experts are:
    - Aneesh Chopra
    - Cris Ross, CIO, Mayo Clinic
    - Carla Smith, President, HMMS
    - Ryan Howells, Principal, Leavitt Partners, LLC (recommended by Chris Liddell)
    - Paul R. Sutton, MD, PhD, University of Washington (note: we are having conversations with him about coming on board full-time via IPA)
    - Frank Opelka, MD, American College of Surgeons (recommended by Marc Sherman + Chris Liddell)
    - Kenneth Mandl, MD, MPH, Boston Children's Hospital (was on the previous MITRE panel, also one of the experts invited to the White House interoperability summit hosted by Seema Verma and Jared Kushner)
  - MITRE will basically be asking them 3 questions.
    - If they were us writing a contract with Cerner, what would they want included?
    - What is their perspective on what off-the-shelf solutions or emerging

technologies for which we need to build flexibility in the contract to include? This will be their chance to weigh in on some of the ideas that people reach out to you/I about.

- What other big ideas do they have that we should consider incorporating into the contract (such as the ones that Aneesh already sent us unsolicited)?
  - In addition to the outside experts – I have asked MITRE to also invite Camilo Sandoval, Jon White from ONC, and someone from CMS (I am working with Jeet Guram who is Seema's senior advisor) as well as Kyle Sheetz and Drew Myklegard (Drew is our guy behind the Digital Veterans Platform). John Short and Ash will be there in listen-only mode.
- 2) There are several other experts that want to help but couldn't make it on January 5. These include Dr. Rasu Shrestha from University of Pittsburgh, Dr. Alistair Erskine from Geisinger (he was on the previous MITRE panel), and Adam Boehler (recommended by Chris Liddell) who Politico reported last week will be the next head of CMMI. If necessary/helpful, we will find other ways to get their input or involvement.
- 3) I'm looking for your guidance regarding Marc Sherman. I don't have anything concrete back yet from Marc (other than he recommended Dr. Frank Opelka when I spoke to him a week or two ago). I am thinking of giving him a heads up regarding Jan 5, as I'm sure MITRE would be open to including others if Marc/Bruce have suggestions. Cris Ross is obviously one of the five CIOs (MITRE confirmed Cris independently). What are your thoughts?

Scott

Scott Blackburn  
Executive in Charge, Office of Information & Technology  
US Department of Veterans Affairs

**From:** [Sandoval, Camilo J.](#)  
**To:** [Blackburn, Scott R.](#); [Short, John \(VACO\)](#); [Windom, John H.](#); [Zenooz, Ashwini](#)  
**Cc:** [\(b\)\(6\)](#); [Myklegard, Drew](#)  
**Subject:** RE: EHR Meeting  
**Start:** Thursday, February 08, 2018 4:15:00 PM  
**End:** Thursday, February 08, 2018 5:30:00 PM  
**Location:** 1-800-767-1750,22712#.  
**Attachments:** [WhatThisComputerNeeds.pdf](#)  
[EHR Discussion - \(8-Feb-2018\).pdf](#)

---

When: Thursday, February 08, 2018 4:15 PM-5:30 PM. (UTC-05:00) Eastern Time (US & Canada)  
Where: [\(b\)\(6\)](#)

\*~\*~\*~\*~\*~\*~\*~\*~\*~\*

Marc and Bruce requested that we read attachments prior to our call

#### Agenda

- 1) Marc Sherman – 5 minutes to layout areas of interest
- 2) Bruce Moskowitz – 5 minutes to layout areas of interest
- 3) Group discussion around attachments
- 4) John Windom – 5 minutes closing comments

(resending attachments as PDF)

Thank you  
Camilo

-----  
Camilo Sandoval  
Senior Advisor to Under Secretary  
Veterans Health Administration  
U.S. Department of Veterans Affairs  
Washington, D.C.  
M: [\(b\)\(6\)](#)  
O: 202-461-7359

**From:** Short, Jacqueline  
**To:** (b)(6)  
**Subject:** RE: FOIA Request 18-07440-F (McGrath)  
**Date:** Thursday, May 17, 2018 10:36:00 AM  
**Attachments:** image001.png

---

(b)(6)

I forgot to give you the search terms:

Trump's friend  
Trump's Doctor  
POTUS friend  
POTUS's friend  
POTUSs' friend  
POTUS doctor  
President's friend  
Friend of POTUS  
Friend of President  
Friend of the President

---

**From:** (b)(6)  
**Sent:** Thursday, May 17, 2018 8:58 AM  
**To:** Short, Jacqueline <Jacqueline.Short@va.gov>  
**Cc:** (b)(6)@va.gov>  
**Subject:** RE: FOIA Request 18-07440-F (McGrath)

Good Morning Jacqueline,

Please provide names and if possible email addresses for the accounts to be searched:  
Assistant Secretary for OI&T and CIO (we need names).

You listed "**Accounts to be searched:** Assistant Secretary for OI&T and CIO and their calendars.

(b)(6)

Office Automation/E-Messaging Services, End User Operations  
OI&T, IT Operations & Services (ITOPS)  
U.S. Department of Veterans Affairs  
Office: (202) 461-5193  
National Service Desk: 855-NSD HELP (855-673-4357)

---

**From:** Short, Jacqueline  
**Sent:** Thursday, May 17, 2018 8:29 AM  
**To:** (b)(6)@va.gov>

**Subject:** RE: FOIA Request 18-07440-F (McGrath)

Good morning (b)(6)

I have to extend this request to add:

**Accounts to be searched:** Assistant Secretary for OI&T and CIO and their calendars.

**Searched items to be used:** Dr. Bruce Moskowitz, Isaac "Ike" Perlmutter, Bruce Moskowitz and Jared Kushner

***Jacqueline (Jackie) Short***

VACO FOIA Service

Quality, Privacy, and Risk (QPR)

Office of Information and Technology (OI&T)

Office: (202) 632-7426 / Fax: (202) 632-7581

[vacofoiaservice@va.gov](mailto:vacofoiaservice@va.gov)

FOIA Service Hotline: 1-877-750-3642

---

**From:** Short, Jacqueline

**Sent:** Tuesday, May 08, 2018 2:07 PM

**To:** (b)(6)@va.gov>

**Subject:** FOIA Request 18-07440-F (McGrath)

Good afternoon (b)(6)

Please do a search on the following:

**Accounts to be searched:** Assistant Secretary for OI&T and CIO

**Searched items to be used:** emails, email attachments. txt mgs, mgs on mgs platforms; Slack, GChat or Google Hangouts, Lync, skype or WhatsApp.

**Dates/Time Frames:** May 15, 2017 to the date of the search

***Jacqueline (Jackie) Short***

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***Please take a moment and let us know how we did by completing a quick evaluation:***  
Got a minute? Rate Our Service!



**QPR's Mission Statement:**

"To instill and promote a culture of quality, privacy and risk management in collaboration with our business partners to enable a better Veteran experience."



**From:** Short, Jacqueline  
**To:** (b)(6)  
**Subject:** RE: FOIA Request 18-07440-F (McGrath)  
**Date:** Thursday, May 17, 2018 9:26:00 AM  
**Attachments:** image001.png

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Scott R. Blackburn  
Eric D. Huweart

---

**From:** (b)(6)  
**Sent:** Thursday, May 17, 2018 8:58 AM  
**To:** Short, Jacqueline <Jacqueline.Short@va.gov>  
**Cc:** (b)(6)@va.gov>  
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***Please take a moment and let us know how we did by completing a quick evaluation:***  
***Got a minute? Rate Our Service!***



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**From:** [DJS](#)  
**To:** [Blackburn, Scott R.](#)  
**Subject:** RE: Follow up  
**Date:** Friday, November 24, 2017 4:11:20 PM

---

Thanks

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, November 24, 2017 10:34:31 AM  
**To:** DJS  
**Subject:** FW: Follow up

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, November 22, 2017 6:49:19 PM  
**To:** Bruce Moskowitz; (b)(6)@gmail.com  
**Subject:** Follow up

Bruce / Marc – thanks again for all your support. We really appreciate what you are doing to bring the best of the healthcare industry to help Veterans/VA.

I spoke with David and he gave the green light to move forward. We absolutely want to get this feedback and greatly appreciate the help. The only caveat is that we move as aggressively/quickly as possible. There are still a few things we need to figure out with respect to timing on signing the contract with Congress/budget/funding/etc (e.g., one of the reasons for starting soon is to get in sync with DoD's rollout to leverage synergies; another variable is the Continuing Resolution and timing of when the government budget is finalized which could possibly push out to Jan/Feb rather than December as currently projected). But we will figure that out. The point being is that we love the idea, do want the feedback, and agree with the logic we discussed on the phone. We will delay the signing as long as we can to make sure we get this right (the concern is making sure we don't miss the window).

If you could reach out to the 5 CEOs/CIOs, it would be greatly appreciated. I will commit to making sure the VA turns around the gap analysis as fast as possible. Do you think it could then be possible to shoot for a full day session in mid-December (week of 11<sup>th</sup> or 18<sup>th</sup>)? David had the idea of possibly doing it at the Cerner Innovation Laboratory in Kansas City so we can test/challenge somethings on the spot.

Thanks again for all your support! I hope you and your families have a great Thanksgiving.

Scott

**Scott Blackburn**

Acting CIO & Executive-in-Charge, Office of Information & Technology  
Department of Veterans Affairs

**From:** [Blackburn, Scott R.](#)  
**To:** [Sandoval, Camilo J.](#)  
**Subject:** RE: I reviewed again and this is the way forward  
**Date:** Thursday, February 01, 2018 10:50:05 PM

---

Yep. They finished it today. Let me send it.

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Sandoval, Camilo J.  
**Sent:** Thursday, February 01, 2018 9:17:46 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: I reviewed again and this is the way forward

Is the MITRE report available yet?

---

**From:** Sandoval, Camilo J.  
**Sent:** Thursday, February 01, 2018 9:17 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: I reviewed again and this is the way forward

I also floated the idea we discussed and is being considered. Hopefully will get direction on that by tomorrow as well.

---

**From:** Sandoval, Camilo J.  
**Sent:** Thursday, February 01, 2018 9:16 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: I reviewed again and this is the way forward

I just pinged Mark and Bruce to clarify, but I think there are a few angles. The provider perspective from Bruce, and the dynamic system design (technology perspective) and IDIQ contract (Mark). I had a long discussion with Mark last night, and I don't believe our conversation is really included in the discussion below. But I did ask Mark for confirmation as well. This would be an amazing breakthrough if so. I should hear back from them by tomorrow morning.

Thank you.

---

**From:** Blackburn, Scott R.  
**Sent:** Thursday, February 01, 2018 7:43 PM  
**To:** Sandoval, Camilo J.  
**Subject:** FW: I reviewed again and this is the way forward

How do you interpret this?

---

**From:** Byrne, Rich <(b)(6)@mitre.org>  
**Sent:** Thursday, February 01, 2018 7:03 PM  
**To:** Blackburn, Scott R.  
**Cc:** Schnitzer, Jay J  
**Subject:** [EXTERNAL] FW: I reviewed again and this is the way forward

Scott

If I read Bruce's note correctly, there has been a significant change. Jay and I think he now supports the way ahead that we discussed with you that connects the EHR and DVP efforts to address his concerns!

Rich

---

**From:** Rich Byrne <(b)(6)@mitre.org>  
**Date:** Thursday, February 1, 2018 at 7:00 PM  
**To:** Bruce Moskowitz <(b)(6)@icloud.com>  
**Cc:** Jay Schnitzer <(b)(6)@mitre.org>  
**Subject:** Re: I reviewed again and this is the way forward

Bruce

**From:** Sandoval, Camilo J.  
**To:** Blackburn, Scott R.  
**Subject:** RE: I reviewed again and this is the way forward  
**Date:** Thursday, February 01, 2018 11:38:56 PM

---

(b)(5)

---

**From:** Sandoval, Camilo J.  
**Sent:** Thursday, February 01, 2018 6:54:06 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: I reviewed again and this is the way forward

Bruce explained the comments in red are his own words, and he is referring to those comments as the path forward.

Still waiting for Mark to opine.

---

**From:** Blackburn, Scott R.  
**Sent:** Thursday, February 01, 2018 7:43 PM  
**To:** Sandoval, Camilo J.  
**Subject:** FW: I reviewed again and this is the way forward

How do you interpret this?

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**From:** Byrne, Rich (b)(6) [REDACTED]@mitre.org]  
**Sent:** Thursday, February 01, 2018 7:03 PM  
**To:** Blackburn, Scott R.  
**Cc:** Schnitzer, Jay J  
**Subject:** [EXTERNAL] FW: I reviewed again and this is the way forward

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Rich

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**From:** Rich Byrne (b)(6) [REDACTED]@mitre.org>  
**Date:** Thursday, February 1, 2018 at 7:00 PM  
**To:** Bruce Moskowitz <(b)(6) [REDACTED]@icloud.com>  
**Cc:** Jay Schnitzer (b)(6) [REDACTED]@mitre.org>  
**Subject:** Re: I reviewed again and this is the way forward

Bruce

Our thinking has been heavily influenced for the better by your thoughts, compelling real-life examples (the array of faxes you shared are emblazoned on our minds forever!), and your network of national healthcare experts. However, this is just the beginning, and we hope you and your colleagues will continue to generously support the evolution of Veteran healthcare, decrease clinician burden, and reduce physician burnout.

Rich

---

**From:** Bruce Moskowitz <(b)(6) [REDACTED]@icloud.com>  
**Date:** Thursday, February 1, 2018 at 6:29 PM  
**To:** Rich Byrne (b)(6) [REDACTED]@mitre.org>  
**Cc:** Jay Schnitzer (b)(6) [REDACTED]@mitre.org>  
**Subject:** I reviewed again and this is the way forward

I thank you the more I thought about your points the more convinced I am

**From:** [Blackburn, Scott R.](#)  
**To:** [Windom, John H.](#)  
**Cc:** [Zenooz, Ashwini](#); [Myklegard, Drew](#); [Short, John \(VACO\)](#)  
**Subject:** RE: Meeting with Secretary Shulkin  
**Date:** Wednesday, March 21, 2018 9:17:00 AM

---

Sounds like a plan. I will come in and be there in person.

---

**From:** Windom, John H.  
**Sent:** Wednesday, March 21, 2018 9:16 AM  
**To:** Blackburn, Scott R.  
**Cc:** Zenooz, Ashwini; Myklegard, Drew; Short, John (VACO)  
**Subject:** Meeting with Secretary Shulkin  
**Importance:** High

Sir,

I recommend using the 1100-1130 meeting with Shulkin to get clear direction from him on what it takes to close out the contract. The only comments I would make from an action perspective:

1. We will be assembling the EHRM industry advisory council as discussed. Participants likely to include:

Stephanie Reel (Hopkins)  
Jon Manis (Sutter)  
Rasu (UPMC)  
Shafiq Rab (Rush)  
Chris Ross (Mayo)  
Vivek Reddy (Intermountain)  
Aneesh Chopra  
Ryan Howells (Leavitt Partners)  
Frank Opelka (American College of Physicians)  
Will Morris or Ed Marx (Cleveland Clinic)  
Dr. Andy Karson (Mass General Hospital)  
Dr. Bruce Moskowitz (Tenet)  
Alistair Erskine (Geisinger)  
Daniel Barchi (New York Presbyterian)

2. We will setup the recommended interoperability test platform/sandbox as part of our IOC efforts and associated testing requirements.
3. We will solidify the DVP requirements and associated API strategies based on comments from the external experts.
4. Re-validate interoperability, device registry, etc. language contained in the contract.
5. Continue to solidify our PEO staffing structure in support of present and future contract oversight requirements.

Mr. Secretary, what else did your hear? I believe we are ready.

Thoughts.....?

**From:** Short, John (VACO)  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.; Zenooz, Ashwini  
**Subject:** RE: Open API - it is CLOUD + language + Rasu... Update All 4 Answers  
**Date:** Wednesday, February 28, 2018 3:19:38 PM  
**Importance:** High

---

1. Voice Recognition?

The EHRM platform includes Enterprise Dragon Nuance. VHA already deployed the enterprise version which maintains people voice print and the Clinical Staff say it works very well. Cerner will port over the voice prints so the clinicians that use it today will be able to use it tomorrow in Cerner without any rework. The Clinician can use the dictation and other features with voice recognition.

2. How will all entered lab data, from any source, be available on a graph?

Graphs are generally available in 2 spots. 1. Workflow MPage Lab Component and 2. Results review flowsheet. When outside labs are mapped we would use the same names as internal and then they would appear on the same line. Even if they are not exactly named the same the results review flowsheet allows for 2 different lab values to be graphed together.

2. Can Cerner's system catching test duplication, over utilization and medication duplication/errors at time of ordering instead of after the fact?

Yes. All tests are configured to have a time where and alert is issued based on parameters we configure and can flex by venue. Over utilization is generally avoided with real time alerting but we would have to use some mechanism to monitor, via report, usually. The med duplication is configured similarly to test and parameters determine how the system acts. Tall man lettering reduces errors in look alike, sound alike meds, and finally in instances we identify unique instances of errors we can configure rules to catch those. For meds all allergy checking, dupes, dose range checks, and interactions are checked at time of ordering.

\*\*Also, at DoD Cerner has already prevented over 15,000 duplicate test at the three sites.

3. Does Cerner have streamlined SOAP notes?

Yes. These are provided and will be further configured under VA direction to meet VA clinician needs.

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, February 28, 2018 2:33 PM  
**To:** Windom, John H.; Short, John (VACO); Zenooz, Ashwini  
**Subject:** FW: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Where did we land on the 4 topics below? I want to make sure they understand that you guys did a hell of a job so we have a warm and fuzzy that we are getting the best deal for Veterans.

---

**From:** Bruce Moskowitz [mailto:brucemskowitzmd@mac.com]  
**Sent:** Wednesday, February 28, 2018 1:13 PM  
**To:** Blackburn, Scott R.  
**Cc:** DJS; Marc Sherman; O'Rourke, Peter M.; IP: lperj2528@gmail.com  
**Subject:** Re: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Thank you my five CIO's had looked forward to tar and feathering me if the cloud is not done correctly!  
The other issues are:

Voice Recognition

All entering lab data on a graph from any source

Catching test duplication, over utilization and medication duplication/errors at time of ordering not after the fact

Streamlined SOAP notes

Sent from my iPad  
Bruce Moskowitz M.D.

On Feb 28, 2018, at 12:52 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce – this is incredibly helpful. Thank you very much. I had my team dig into this this morning. What you have stated below is clearly the intent (we need everything to be OPEN and absolutely do not want to inadvertently create vendor lock); we've also gone back this morning to confirm with Cerner that this is their intent. We are going to alter the language to make this more clear. We don't anticipate any pushback. A few things I learned this morning...

- The contract does NOT lock us in to Amazon Web Services (AWS). Rather any cloud provider or applications that meet security and privacy requirements to protect Veteran data can interface with Open APIs or push data to the VA/Cerner system.
- Currently 3 cloud providers meet the Government security requirements – AWS, Azure/Microsoft and CSRA. There are several others that we expect to come on board soon including Google and VirtuStream/Dell. At VA, we use both AWS and Azure right now. Again, the goal here is to create open environment as long as the provider meets certain standards (these standards are dictated by GSA, not VA).
- Cerner does have a partnership with AWS (which is why we highlighted that) but it is just one example of the open cloud environments they are planning to work with. We have confirmed that it will be OPEN and not proprietary to their specific AWS cloud.
- DoD is excited to follow our lead on all of this. I spent the morning at the Pentagon with the DoD CIO/team. This will help not just Veterans, but servicemembers still in uniform.

Thanks again for the feedback and support. We are going to make sure this is crystal clear.

Scott

---

**From:** Bruce Moskowitz [mailto:brucemskowitzmd@mac.com]  
**Sent:** Tuesday, February 27, 2018 9:29 PM  
**To:** Blackburn, Scott R.  
**Cc:** DJS; Marc Sherman; O'Rourke, Peter M.; IP: lperj2528@gmail.com  
**Subject:** [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Apologize for the wording instead of their commercial cloud a cloud based system open  
To all entities and instead of Amazon it should be all platforms working to accelerate health care initiatives

Sent from my iPad  
Bruce Moskowitz M.D.

On Feb 27, 2018, at 9:20 PM, Bruce Moskowitz <brucemskowitzmd@mac.com> wrote:

To clarify further it states their commercial cloud instead a commercial cloud  
Open to all entities and of equal importance an open platform to all not just amazon but to all  
Working on

Sent from my iPad



**From:** Short, John (VACO)  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.; Zenooz, Ashwini  
**Subject:** RE: Open API - it is CLOUD + language + Rasu... Update  
**Date:** Wednesday, February 28, 2018 3:04:16 PM  
**Importance:** High

---

Two additional answers below.

---

**From:** Short, John (VACO)  
**Sent:** Wednesday, February 28, 2018 2:54 PM  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.; Zenooz, Ashwini  
**Subject:** RE: Open API - it is CLOUD + language + Rasu

I hadn't seen these other questions until now.

See below for one answer. I am working the others as well.

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, February 28, 2018 2:33 PM  
**To:** Windom, John H.; Short, John (VACO); Zenooz, Ashwini  
**Subject:** FW: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Where did we land on the 4 topics below? I want to make sure they understand that you guys did a hell of a job so we have a warm and fuzzy that we are getting the best deal for Veterans.

---

**From:** Bruce Moskowitz (b)(6) [mailto: [REDACTED]@mac.com]  
**Sent:** Wednesday, February 28, 2018 1:13 PM  
**To:** Blackburn, Scott R.  
**Cc:** DJS; Marc Sherman; O'Rourke, Peter M.; IP [REDACTED]@gmail.com  
**Subject:** Re: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Thank you my five CIO's had looked forward to tar and feathering me if the cloud is not done correctly!  
The other issues are:

Voice Recognition

\*\*The EHRM platform includes Enterprise Dragon Nuance. VHA already deployed the enterprise version which maintains people voice print and the Clinical Staff say it works very well. Cerner will port over the voice prints so the clinicians that use it today will be able to use it tomorrow in Cerner without any rework. The Clinician can use the dictation and other features with voice recognition.

All entering lab data on a graph from any source

\*\*Every lab has different reference ranges so graphing together can cause patient safety concerns. However, trending patterns can be built with alerts based off different lab source data.

Catching test duplication, over utilization and medication duplication/errors at time of ordering not after the fact

\*\*Yes Cerner does this. At DoD Cerner has already prevented over 15,000 duplicate test at the three sites. Yes, at point of RX order Cerner will indicate if a duplicate RX is about to be ordered.

Streamlined SOAP notes

Sent from my iPad  
Bruce Moskowitz M.D.

On Feb 28, 2018, at 12:52 PM, Blackburn, Scott R. <Scott.Blackburn@va.gov> wrote:

Bruce – this is incredibly helpful. Thank you very much. I had my team dig into this this morning. What you have stated below is clearly the intent (we need everything to be OPEN and absolutely do not want to inadvertently create vendor lock); we've also gone back this mornign to confirm with Cerner that this is their intent. We are going to alter the language to make this more clear. We don't anticipate any pushback. A few things I learned this morning...

- The contract does NOT lock us in to Amazon Web Services (AWS). Rather any cloud provider or applications that meet security and privacy requirements to protect Veteran data can interface with Open APIs or push data to the VA/Cerner system.
- Currently 3 cloud providers meet the Government security requirements – AWS, Azure/Microsoft and CSRA. There are several others that we expect to come on board soon including Google and VirtuStream/Dell. At VA, we use both AWS and Azure right now. Again, the goal here is to create open environment as long as the provider meets certain standards (these standards are dictated by GSA, not VA).
- Cerner does have a partnership with AWS (which is why we highlighted that) but it is just one example of the open could environments they are planning to work with. We have confirmed that it will be OPEN and not proprietary to their specific AWS cloud.
- DoD is excited to follow our lead on all of this. I spent the morning at the Pentagon with the DoD CIO/team. This will help not just Veterans, but servicemembers still in uniform.

Thanks again for the feedback and support. We are going to make sure this is crystal clear.

Scott

---

**From:** Bruce Moskowitz [mailto:brucemoskowitzmd@mac.com]  
**Sent:** Tuesday, February 27, 2018 9:29 PM  
**To:** Blackburn, Scott R.  
**Cc:** DJS; Marc Sherman; O'Rourke, Peter M.; IP: lperj2528@gmail.com  
**Subject:** [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Apologize for the wording instead of their commercial cloud a cloud based system open  
To all entities and instead of Amazon it should be all platforms working to accelerate health care initiatives

Sent from my iPad  
Bruce Moskowitz M.D.

On Feb 27, 2018, at 9:20 PM, Bruce Moskowitz <brucemoskowitzmd@mac.com> wrote:

To clarify further it states their commercial cloud instead a commercial cloud  
Open to all entities and of equal importance an open platform to all not just amazon but to all  
Working on

Sent from my iPad

**From:** Windom, John H.  
**To:** Short, John (VACO); Blackburn, Scott R.  
**Subject:** RE: Open API - it is CLOUD + language + Rasu  
**Date:** Wednesday, February 28, 2018 12:26:22 PM

---

Concur.  
Jw

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Short, John (VACO)  
**Sent:** Wednesday, February 28, 2018 9:24:15 AM  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.  
**Subject:** RE: Open API - it is CLOUD + language + Rasu

Validated by Cerner.

Cerner's Open API interfaces are hosted in a highly scalable cloud environment. In the case of Cerner's proposed services for VA, the APIs will be accessible by any application and from any cloud environment that meets the requisite security and privacy requirements to protect Veteran data.

Also, there have been public announcements about Cerner and Amazon's Cloud, but that is just one example of the open cloud environments that Cerner is working with. Cerner interfaces with many public and private clouds in the US and abroad.

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, February 28, 2018 6:04 AM  
**To:** Windom, John H.; Short, John (VACO)  
**Subject:** RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Ok

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Windom, John H.  
**Sent:** Wednesday, February 28, 2018 5:38:57 AM  
**To:** Short, John (VACO); Blackburn, Scott R.  
**Subject:** RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Sir  
None of what I read is hard. However, I cannot meet until after pentagon session. Metroing to the pentagon this morning.  
Vr  
John

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Short, John (VACO)  
**Sent:** Tuesday, February 27, 2018 7:04:56 PM  
**To:** Blackburn, Scott R.; Windom, John H.  
**Subject:** RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Roger that!

---

**From:** Blackburn, Scott R.  
**Sent:** Tuesday, February 27, 2018 10:05 PM  
**To:** Short, John (VACO); Windom, John H.  
**Subject:** RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Sure. I should be in the office around 7am. We can also ride over together.

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Short, John (VACO)  
**Sent:** Tuesday, February 27, 2018 10:03:32 PM  
**To:** Blackburn, Scott R.; Windom, John H.  
**Subject:** RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Do you want to meet before we go to the Pentagon?  
Transpo leaves at 0730 from VACO.

---

**From:** Blackburn, Scott R.  
**Sent:** Tuesday, February 27, 2018 10:02 PM  
**To:** Short, John (VACO); Windom, John H.  
**Subject:** RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Let's talk in AM. I want to get this right so we can close and move forward.

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Short, John (VACO)  
**Sent:** Tuesday, February 27, 2018 10:00:49 PM  
**To:** Blackburn, Scott R.; Windom, John H.  
**Subject:** RE: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

It is open to any Cloud or non-cloud connection as long as it meets the security requirements.  
Cerner is operating their own Commercial Cloud and are in talks with multiple Cloud providers to have a presence there. However, regardless of what cloud provider someone is using they can connect to our Cerner platform.

**From:** Blackburn, Scott R.  
**Sent:** Tuesday, February 27, 2018 9:15 PM  
**To:** Short, John (VACO); Windom, John H.  
**Subject:** FW: [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

Reactions?

Sent with Good ([www.good.com](http://www.good.com))

**From:** Bruce Moskowitz  
**Sent:** Tuesday, February 27, 2018 8:20:26 PM  
**To:** Blackburn, Scott R.  
**Cc:** DJS; Marc Sherman; O'Rourke, Peter M.  
**Subject:** [EXTERNAL] Re: Open API - it is CLOUD + language + Rasu

This is a problem it should say open cloud to all entities not commercial cloud  
Second it should be open platform and not just Amazon

Sent from my iPhone

On Feb 27, 2018, at 6:09 PM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:

David/Bruce/Marc – here are a few updates:

#1) **Rasu is all** in as far as starting to help right away. I just got off the phone with him. He has UPMC commitments rest of this week and is Chairman of HIMSS Innovation committee (so we will all be at HIMSS together next week). However if he needs to come to Washington this week for something, he will find a way to do it (and we will use invitation travel to pay for it). He is willing to start engaging right away to help us. He said he doesn't have to wait for the IPA paperwork to come through for him to help. I've attached Rasu's CV in case you need it.

#2) **The APIs are cloud based.** Here is the response from our Technical lead...

- The Open APIs that VA has access to from Cerner reside in their Commercial Cloud environment. This environment is designed to scale to accommodate Cerner's entire remote hosted customer base.
- In a recent press release Cerner and Amazon announced that they would be working together in cooperation to accelerate HealthCare Innovations.

#3) **Below is the IP language** that we negotiated. This is what caused Aneesh Chopra (one of the experts on our MITRE panel) to jump out of his chair last week. He claims this is the holy grail that no other healthcare system has been able to get from either Cerner or Epic. Aneesh claims that as a result of what we've negotiated below, that other healthcare systems will be willing to join us in the attached pledge (shall we decide to go forward with it) and we could do this next week at HIMSS. When I spoke to Rasu, he told me Aneesh had already called him about this and that UPMC would be willing to sign this pledge.

Of importance: **Third party API developers shall retain their IP rights when their API is used to connect to the Cerner interface, and there will be no derivative Contractor IP ownership when third parties consume Cerner terminology through open APIs.**

Regarding the question on sharing development with others, see PWS Section 5.5.4 opening paragraph: To accelerate better and more responsive service to the Veteran, VA is making a deliberate shift towards becoming a **standards/multi-based** API driven digital enterprise. A cornerstone of this effort is the setup of a strategic Open API Program, The Digital Veteran Platform API Gateway, that is adopting an outside-in, value-to-business driven approach to create API's that are managed as products to be consumed by developers within and outside of VA.

Finally, Cerner's response and the final negotiation language on sharing their data model as a result of the Interoperability Panel findings is as follows, Cerner agreed to suggested addition of PWS paragraph 5.8(h) as highlighted at no additional cost:

49	Understand how Cerner will provide the VA with access to the data model, share data for analytics freely to 3 <sup>rd</sup> parties, increase the amount of computable data exchanged with 3 <sup>rd</sup> parties.  Panelists acknowledged this recommendation is a stretch goal.	RFP Section 5.8 address the support to business intelligence and data analytics. Section 5.10.4.1 supports the sharing of Contractor proprietary information/data model extension points (e.g., ingestion and record APIs) with both international and national standards designating organizations. However, current language does not require access to the EHRM data model, supporting understanding of and therefore increase the exchange of computable data with community care providers.	Suggest adding to RFP Section 5.8: "h) Provide the VA EHRM data model, underpinning terminology model, tables, definitions, and examples of fully populated Veteran data files. Provide documentation or software that is used for quality checks and that illustrate what data elements are computable."  Suggest adding to Section 5.10.4.1: "n) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, order sets, etc. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies."  Suggest VA obtain a price from the Contractor to provide a report explain the steps involved in accessing the data model, including producing an example data file, and demonstrating how much of the data is computable; provide cost estimates for outside parties to access the data via this mechanism.	<b>Cerner Concur, with requested change:</b>  Suggest adding to Section 5.10.4.1: "n) The Contractor shall support Knowledge Interoperability by supporting the extension of clinical content assets such as terminologies, clinical decision support rules, order sets, etc., to the extent such extensions are consistent with the model and best practices of the controlling national standard. This includes the ability to curate, extend, and share that knowledge with clinical partners. This fosters rapid adoption from industry best practices, e.g., clinical professional societies."	Concur with Cerner edit, negotiated inclusion at no additional cost.  Cerner's edits consistent with intent of recommendation.
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-Scott

<EHRM \_ National Interoperability Cooperative Commitment (NIC2) - DRAFT\_2....pptx>  
<Rasu Shrestha MD\_v2018 02\_CV and Bio2.pdf>

**From:** Windom, John H.  
**To:** (b)(6) Blackburn, Scott R.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
(b)(6)  
**Subject:** RE: SecVA Shulkin  
**Date:** Monday, October 23, 2017 6:04:23 PM

---

Copy all. Thank you.

V/r,  
John

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
810 Vermont Avenue NW (Suite 375X)  
Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)

---

**From:** (b)(6)  
**Sent:** Monday, October 23, 2017 1:24 PM  
**To:** Windom, John H.; Blackburn, Scott R.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
(b)(6)  
**Subject:** RE: SecVA Shulkin

Scott and John – Secretary will depart VACO at 5pm tomorrow for meeting. Please plan to be up here before 5. You both have been cleared through.

(b)(6) – is Tom planning on riding w/SecVA?

Thanks.

---

**From:** (b)(6)  
**Sent:** Friday, October 20, 2017 2:06 PM  
**To:** Windom, John H.; Blackburn, Scott R.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
(b)(6)  
**Subject:** RE: SecVA Shulkin

Hello – we will need to move prep with SecVA to 12:30pm on Monday. Please confirm your availability. Thank you!

---

**From:** Windom, John H.  
**Sent:** Friday, October 20, 2017 9:22 AM  
**To:** Blackburn, Scott R.; (b)(6)  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)

**From:** (b)(6)  
**To:** Windom, John H.; Blackburn, Scott R.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin  
**Date:** Monday, October 23, 2017 1:25:34 PM

---

Thanks- we will have the DEPSEC ride separate.

---

**From:** (b)(6)  
**Sent:** Monday, October 23, 2017 1:24 PM  
**To:** Windom, John H.; Blackburn, Scott R.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
(b)(6)  
**Subject:** RE: SecVA Shulkin

Scott and John – Secretary will depart VACO at 5pm tomorrow for meeting. Please plan to be up here before 5. You both have been cleared through.

(b)(6) – is Tom planning on riding w/SecVA?

Thanks.

---

**From:** Pham, Katherine  
**Sent:** Friday, October 20, 2017 2:06 PM  
**To:** Windom, John H.; Blackburn, Scott R.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; O'Brien, Milli; Callaghan, Elizabeth; Carrington, Belinda L; Isaac, Charlyn  
**Subject:** RE: SecVA Shulkin

Hello – we will need to move prep with SecVA to 12:30pm on Monday. Please confirm your availability. Thank you!

---

**From:** Windom, John H.  
**Sent:** Friday, October 20, 2017 9:22 AM  
**To:** Blackburn, Scott R.; Pham, Katherine  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; O'Brien, Milli; Callaghan, Elizabeth  
**Subject:** RE: SecVA Shulkin

Will be there 2pm Monday of course.

Vr  
John

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
810 Vermont Avenue NW (Suite 375X)  
Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820

**From:** Windom, John H.  
**To:** (b)(6) Blackburn, Scott R.  
**Cc:** Prince-Wheeler, Latrice R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin  
**Date:** Saturday, October 21, 2017 12:42:19 PM

---

I will support.

Vr  
John

Sent with Good (www.good.com)

---

**From:** (b)(6)  
**Sent:** Friday, October 20, 2017 11:05:48 AM  
**To:** Windom, John H.; Blackburn, Scott R.  
**Cc:** Prince-Wheeler, Latrice R.; Colli, Jacqueline; (b)(6)  
(b)(6)  
**Subject:** RE: SecVA Shulkin

Hello – we will need to move prep with SecVA to 12:30pm on Monday. Please confirm your availability. Thank you!

---

**From:** Windom, John H.  
**Sent:** Friday, October 20, 2017 9:22 AM  
**To:** Blackburn, Scott R.; (b)(6)  
**Cc:** Prince-Wheeler, Latrice R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin

Will be there 2pm Monday of course.

Vr  
John

John H. Windom, Senior Executive Service (SES)  
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Special Advisor to the Under Secretary for Health  
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Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, October 20, 2017 9:21 AM  
**To:** (b)(6) Windom, John H.

**From:** (b)(6)  
**To:**  
**Cc:** Blackburn, Scott R.  
**Subject:** RE: SecVA Shulkin  
**Date:** Friday, October 20, 2017 2:06:30 PM

---

Works for Mr. Blackburn.

---

**From:** (b)(6)  
**Sent:** Friday, October 20, 2017 2:06 PM  
**To:** Windom, John H.; Blackburn, Scott R.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
(b)(6)  
**Subject:** RE: SecVA Shulkin

Hello – we will need to move prep with SecVA to 12:30pm on Monday. Please confirm your availability. Thank you!

---

**From:** Windom, John H.  
**Sent:** Friday, October 20, 2017 9:22 AM  
**To:** Blackburn, Scott R.; (b)(6)  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin

Will be there 2pm Monday of course.

Vr  
John

John H. Windom, Senior Executive Service (SES)  
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Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, October 20, 2017 9:21 AM  
**To:** (b)(6); Windom, John H.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin

Yes, works for me.

Then once we know what the Secretary wants to accomplish with this meeting, we'll have the right

**From:** (b)(6)  
**To:** Blackburn, Scott R.  
**Subject:** RE: SecVA Shulkin  
**Date:** Friday, October 20, 2017 9:26:19 AM

---

Not a problem.

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, October 20, 2017 9:22 AM  
**To:** (b)(6)  
**Subject:** FW: SecVA Shulkin  
**Importance:** High

Will have to juggle the calendar a little bit.

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, October 20, 2017 9:21 AM  
**To:** (b)(6); Windom, John H.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin

Yes, works for me.

Then once we know what the Secretary wants to accomplish with this meeting, we'll have the right materials to get us there.

---

**From:** (b)(6)  
**Sent:** Friday, October 20, 2017 9:20 AM  
**To:** Blackburn, Scott R.; Windom, John H.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin

Great idea. Can you chat w/SecVA briefly at 2pm on Monday? Thanks.

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, October 20, 2017 9:13 AM  
**To:** (b)(6); Windom, John H.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin

We sure can. John will take the lead.

However it might be good for the Secretary, John and I to huddle for 10 minutes sometime today or Monday. I am not sure that we know exactly where they want to take the conversation (maybe John knows but this is my first time in one of these WH/EHR meetings).

---

**From:** (b)(6)  
**Sent:** Friday, October 20, 2017 9:09 AM  
**To:** Blackburn, Scott R.; Windom, John H.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin



**From:** [Windom, John H.](#)  
**To:** [Blackburn, Scott R.](#)  
**Subject:** RE: SecVA Shulkin  
**Date:** Friday, October 20, 2017 9:21:45 AM

---

Copy all Sir.

Vr

John

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
810 Vermont Avenue NW (Suite 375X)  
Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)

---

**From:** Blackburn, Scott R.  
**Sent:** Friday, October 20, 2017 9:20 AM  
**To:** Windom, John H.  
**Subject:** RE: SecVA Shulkin

That is why we need 10 minute prep with the Secretary either today/Monday so we understand from him what it is about. Then we will have the materials.

MY guess is that Jared/WH wants to know where we are with contract. But I am not sure.

---

**From:** Windom, John H.  
**Sent:** Friday, October 20, 2017 9:18 AM  
**To:** Blackburn, Scott R.  
**Subject:** RE: SecVA Shulkin

What materials Sir? I do not even know what the meeting is about.

Vr

John

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
810 Vermont Avenue NW (Suite 375X)  
Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)

**From:** Windom, John H.  
**To:** (b)(6) Blackburn, Scott R.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin  
**Date:** Friday, October 20, 2017 8:42:44 AM

---

Completed. Thank you. RSVP Confirmation received.  
Vr/John

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
810 Vermont Avenue NW (Suite 375X)  
Washington, DC 20420  
[John.Windom@va.gov](mailto:John.Windom@va.gov)  
Office: (202) 461-5820  
Mobile: (b)(6)

---

**From:** (b)(6)  
**Sent:** Friday, October 20, 2017 8:40 AM  
**To:** Windom, John H.; Blackburn, Scott R.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin

Scott and John – can you both fill out your Vitals for entry to WH? Please confirm once completed.  
Thanks!

(b)(6)

---

**From:** Windom, John H.  
**Sent:** Thursday, October 19, 2017 3:19 PM  
**To:** (b)(6) Blackburn, Scott R.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** RE: SecVA Shulkin

Honored to join. I will be there.  
Vr  
John

John H. Windom, Senior Executive Service (SES)  
Program Executive for Electronic Health Record Modernization (PEO EHRM)  
Special Advisor to the Under Secretary for Health  
810 Vermont Avenue NW (Suite 375X)  
Washington, DC 20420

**From:** (b)(6)  
**To:** Blackburn, Scott R.  
**Subject:** RE: SecVA Shulkin  
**Date:** Thursday, October 19, 2017 3:13:35 PM

---

No problem, will do!

---

**From:** Blackburn, Scott R.  
**Sent:** Thursday, October 19, 2017 2:46 PM  
**To:** (b)(6)  
**Subject:** FW: SecVA Shulkin  
**Importance:** High

Will have to push Patrick Littlefield to another night.

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** (b)(6)  
**Sent:** Thursday, October 19, 2017 2:44:15 PM  
**To:** Blackburn, Scott R.; Windom, John H.  
**Cc:** Prince-Wheeler, Latriece R.; Colli, Jacqueline; (b)(6)  
**Subject:** SecVA Shulkin

Hello – the Secretary will be meeting w/Jared Kushner on Tuesday, October 24<sup>th</sup> at 5:30pm to discuss EHR, specifically cerner and epic. The Secretary asked if you both could join him in meeting. Please let us know if you are available to attend. Thank you.

**From:** Windom, John H.  
**To:** Blackburn, Scott R.; (b)(6)  
**Cc:** (b)(6); Mulligan, Ricci  
**Subject:** RE: Summit next Tuesday - briefly mentioned this before!  
**Date:** Monday, December 04, 2017 2:19:27 PM

---

I will personally attend. A top priority.

Vr

John

Sent with Good (www.good.com)

---

**From:** Blackburn, Scott R.  
**Sent:** Monday, December 04, 2017 9:59:00 AM  
**To:** (b)(6)  
**Cc:** (b)(6); Windom, John H.; Mulligan, Ricci  
**Subject:** RE: Summit next Tuesday - briefly mentioned this before!

Yes please, I do want to attend. I would like to also include John Windom (or proxy from the EHRM team) and Ricci (or proxy to represent DVP). Hopefully that is ok.

---

**From:** (b)(6)  
**Sent:** Monday, December 04, 2017 12:56 PM  
**To:** Blackburn, Scott R.  
**Cc:** (b)(6)  
**Subject:** FW: Summit next Tuesday - briefly mentioned this before!

Good afternoon Mr. Blackburn,

Confirming you would like to attend this meeting next week? We can modify your schedule so you can attend the entire time. Please let me know if you would like to bring anyone.

Thanks,

(b)(6)

---

**From:** Moorhead, Quellie U. EOP/WHO (b)(6)@who.eop.gov]  
**Sent:** Monday, December 04, 2017 11:46 AM  
**To:** (b)(6)  
**Subject:** [EXTERNAL] Summit next Tuesday - briefly mentioned this before!

Hi (b)(6)

Thanks for all of your help today!

I forget who I briefly mentioned this to, but Chris, Jared, and Seema are hosting this event next week and would love it if Scott could attend if interested. Please let me know if he will be able to! We understand if he could only go for the kick off at 1 PM and wrap up at 4 PM, but there will be in depth, interesting discussions from 2-4 which he may find interesting.

Best regards,  
Quellie

On behalf of Jared Kushner and Seema Verma, we are pleased to invite you to a listening session on Electronic Health Records Interoperability to be held at the White House on December 12th from 1.00-5.00pm.

We are holding a series of these sessions with leaders in the health care sector. We are interested in understanding the opportunity for the government to help further progress interoperability with the goal of positively impacting quality of care for American patients.

We will have a group discussion on the overall topic, followed by breakout working sessions that address specific aspects of the topic. We will send out those topics next week and upon your confirmation of attendance.

**Please RSVP no later than December 6<sup>th</sup> to [OAI@who.eop.gov](mailto:OAI@who.eop.gov).**

We hope that you can join us and welcome your input.

Sincerely,

Jared Kushner

Seema Verma

Senior Advisor to the President

Administrator, CMS

Office of American Innovation  
202-881-7080

**From:** Mulligan, Ricci  
**To:** Blackburn, Scott R.; (b)(6)  
**Cc:** (b)(6); Windom, John H.  
**Subject:** RE: Summit next Tuesday - briefly mentioned this before!  
**Date:** Monday, December 04, 2017 1:01:36 PM

---

Scott, I would like to attend. Ricci

Ricci L. Mulligan  
Acting Principal Deputy Assistant Secretary  
VA OI&T  
202-461-1538 (O)  
(b)(6) Cell

---

**From:** Blackburn, Scott R.  
**Sent:** Monday, December 04, 2017 12:59 PM  
**To:** (b)(6)  
**Cc:** (b)(6); Windom, John H.; Mulligan, Ricci  
**Subject:** RE: Summit next Tuesday - briefly mentioned this before!

Yes please, I do want to attend. I would like to also include John Windom (or proxy from the EHRM team) and Ricci (or proxy to represent DVP). Hopefully that is ok.

---

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**Cc:** (b)(6)  
**Subject:** FW: Summit next Tuesday - briefly mentioned this before!

Good afternoon Mr. Blackburn,

Confirming you would like to attend this meeting next week? We can modify your schedule so you can attend the entire time. Please let me know if you would like to bring anyone.

Thanks,

(b)(6)

---

**From:** Moorhead, Quellie U. EOP/WHO (b)(6)@who.eop.gov]  
**Sent:** Monday, December 04, 2017 11:46 AM  
**To:** (b)(6)  
**Subject:** [EXTERNAL] Summit next Tuesday - briefly mentioned this before!

Hi (b)(6)

Thanks for all of your help today!

I forget who I briefly mentioned this to, but Chris, Jared, and Seema are hosting this event next week and would love it if Scott could attend if interested. Please let me know if he will be able to! We

**From:** [Myklegard, Drew](#)  
**To:** [Blackburn, Scott R.](#)  
**Cc:** [Harpalani, Rahul N.](#); [Williamson, Rachel A. \(LongView\)](#)  
**Subject:** RE: Thanks for Participating in the HIMSS 2018 CIO Roundtable Discussion on Accelerating Open APIs  
**Date:** Wednesday, March 21, 2018 8:57:00 PM

---

Adding him to our list.

Drew Myklegard

(b)(6)

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, March 21, 2018 8:08:05 PM  
**To:** Myklegard, Drew  
**Subject:** FW: Thanks for Participating in the HIMSS 2018 CIO Roundtable Discussion on Accelerating Open APIs

---

**From:** Rene Cabral-Daniels (b)(6)@ccnva.com]  
**Sent:** Tuesday, March 20, 2018 7:53 AM  
**To:** Aneesh Chopra; Blackburn, Scott R.; Shrestha, Rasu B; graham; Micki Tripathi; Culbertson, Adam  
**Subject:** [EXTERNAL] RE: Thanks for Participating in the HIMSS 2018 CIO Roundtable Discussion on Accelerating Open APIs

Thank you for your outstanding leadership. Please know I remain committed to this project as it holds tremendous promise for the medically underserved.

Rene S. Cabral-Daniels, JD, MPH  
Chief Executive Officer  
Community Care Network of Virginia, Inc.  
Suite 1  
3831 Westerre Parkway  
Henrico, VA 23233  
Phone - 804-237-7686 x1219



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**From:** Aneesh Chopra <(b)(6)@carejourney.com>

**Sent:** Monday, March 19, 2018 2:40 PM

**To:** Scott R. Blackburn <scott.blackburn@va.gov>; Shrestha, Rasu B <(b)(6)@upmc.edu>;  
Grahame <(b)(6)@healthintersections.com.au>; Micki Tripathi <(b)(6)@maehc.org>;  
Culbertson, Adam <(b)(6)@himss.org>

**Subject:** Thanks for Participating in the HIMSS 2018 CIO Roundtable Discussion on Accelerating Open APIs

Team,

On behalf of Grahame, Rasu, Micky, and our HIMSS host, Adam Culbertson, I wanted to thank you for participating in our CIO Roundtable on the subject of accelerating the work to design/deploy open API standards. If helpful, I thought to share three items in follow-up:

1) Discussion Summary: Several participants shared positive early experiences in using vendor-supported FHIR APIs for app developers, including for clinician use that isn't a feature regulated under MU/MIPS; one example - the use of "SMART on FHIR" apps to overlay either legacy information or from an HIE while a clinician is working on a patient chart caught some attention and might benefit from more knowledge sharing; and though early, one CIO has already shifted focus towards adding the ability to write back FHIR resources into an EHR's database to be used in existing decision support or other applications.

2) The VA "Open API Pledge:" Today, VA Secretary Shulkin posted this update tapping Dr. Rasu Shrestha of UPMC to lead what might affectionately be called the "coalition of the willing," to join the 11 initial signatories he announced at HIMSS pledging to accelerate open API standards development to for use when veterans seek community care. Please connect directly with Rasu and/or Scott Blackburn (VA's CIO) should you wish to join. As you might have guessed during our roundtable, the key points for participants are: signatories commit to open up FHIR APIs as constrained by the Argonaut Project implementation guides; will be actively testing/designing resources and access methods that are not yet complete (including "bulk access"); and will work collaboratively to lower the cost burden for others to follow suit.

3) Consumer-Directed Exchange: Our discussion took place as White House advisor Jared Kushner and CMS Administrator Seema Verma announced the "MyHealthEData" initiative (I shared my



response [here](#)). Earlier today, former VP Joe Biden added his perspectives with emphasis on making the system [work better for cancer patients here](#). CMS already reports a doubling of developers (200+) now working on Blue Button 2.0 applications - a topic we will certainly take up at the [HIMSS' developer conference in Cleveland](#) (April 30th-May 1st).

We hope you will continue to engage as our community works to accelerate the development and deployment of open APIs, particularly as we converge on a technical approach - FHIR resources constrained by the [Argonaut Project](#). Please connect with Rasu/Scott on any specific commitments, or participate in any of the ongoing testing and acceleration activities of the Argonaut Project. Thanks, once again, for your participation.

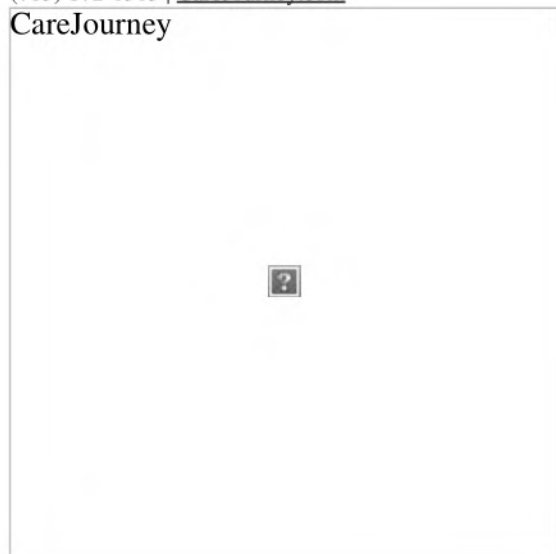
Regards,

**Aneesh Chopra**

President

(703) 672-1315 | [CareJourney.com](http://CareJourney.com)

CareJourney



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**From:** (b)(6)  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA EHR Call  
**Date:** Sunday, March 18, 2018 2:35:51 PM

---

Mr. Blackburn, I had scheduled this call with Dr. Bruce and Marc Sherman for the contract overview. Do you want to keep it or can I cancel it? Thanks, (b)(6)

-----Original Appointment-----

**From:** VA CIO Executive Schedule

**Sent:** Thursday, March 15, 2018 11:23 AM

**To:** VA CIO Executive Schedule; (b)(6) Blackburn, Scott R.; Windom, John H.; (b)(6) @Bruce Moskowitz,MD; Marc Sherman; Bruce Moskowitz

**Subject:** VA EHR Call

**When:** Monday, March 19, 2018 12:00 PM-12:45 PM (UTC-05:00) Eastern Time (US & Canada).

**Where:** (b)(6)

**From:** [Blackburn, Scott R.](#)  
**To:** [DJS](#)  
**Subject:** RE: VA EHR  
**Date:** Wednesday, March 21, 2018 11:22:00 PM

---

Hopefully in a good way

---

**From:** DJS  
**Sent:** Wednesday, March 21, 2018 10:26 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA EHR

Wow that's quite an email

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, March 21, 2018 7:20:26 PM  
**To:** DJS  
**Subject:** FW: VA EHR

Hopefully this lands well. Let me know what you hear back.

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, March 21, 2018 10:20 PM  
**To:** 'Bruce Moskowitz'; 'Marc Sherman'  
**Cc:** DJS  
**Subject:** VA EHR

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.
  - Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
  - We will also follow up with Stan on some of the issues he raised as well. For example:

**From:** Blackburn, Scott R.  
**To:** Stan Huff  
**Cc:** Windom, John H.; (b)(6) Foster, Michele (SES); (b)(6)  
**Subject:** RE: VA EHR  
**Date:** Wednesday, March 14, 2018 12:56:00 PM

---

Thanks so much, Stan!

---

**From:** Stan Huff (b)(6)@imail.org]  
**Sent:** Wednesday, March 14, 2018 11:52 AM  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.; (b)(6) Foster, Michele (SES); (b)(6)  
**Subject:** [EXTERNAL] RE: VA EHR

Scott,

I have attached my signed NDA. I look forward to visiting tomorrow. Thanks, Stan

---

**From:** Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]  
**Sent:** Monday, March 12, 2018 7:08 PM  
**To:** Stan Huff (b)(6)@imail.org>  
**Cc:** Windom, John H. <John.Windom@va.gov>; (b)(6)@va.gov>; Foster, Michele (SES) <Michele.FosterSES@va.gov>; (b)(6)@va.gov>  
**Subject:** RE: VA EHR

Stan:

Thank you for agreeing to be an extra set of outside eyes as we at VA finalize our EHR contract. We appreciate your vast experience and expertise; and want to make sure we get to the best place possible for Veterans, the country and taxpayers. As we are incredibly grateful to you for volunteering your time, we want to make this as easy as possible for you. Here are 3 next steps.

- 1) We will need you to sign the attached NDA. Please return to (b)(6) (cc'd).
- 2) Matt will then send you the latest package under separate cover.
- 3) Given government contracts are different than what you are used to reading, we would propose a quick phone call so that we can orient you to the contract and help focus you on the parts where your expertise will be most valuable. (b)(6) will lead this from our side and has told me is available between tomorrow from 9:30-11am ET or I am sure he can also find other times if these don't work for you. I will ask (b)(6) (cc'd) here to help set up a time.

Thanks again!

Scott

---

**From:** Stan Huff (b)(6)@imail.org]  
**Sent:** Monday, March 12, 2018 4:34 PM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] Re: VA EHR

**From:** Blackburn, Scott R.  
**To:** Stan Huff  
**Cc:** Windom, John H.; (b)(6) Foster, Michele (SES); (b)(6)  
**Subject:** RE: VA EHR  
**Date:** Monday, March 12, 2018 9:44:00 PM

---

Thanks Stan. We will make one of those times work. We will confirm tomorrow. Thanks so much for doing this.

Scott

---

**From:** Stan Huff (b)(6)@imail.org]  
**Sent:** Monday, March 12, 2018 9:25 PM  
**To:** Blackburn, Scott R.  
**Cc:** Windom, John H.; (b)(6) Foster, Michele (SES); (b)(6)  
**Subject:** [EXTERNAL] RE: VA EHR

Scott,

I am at the AMIA Joint Summit in San Francisco so it will be Wednesday morning before I can return the signed NDA. I am currently available for a call on Wednesday 11:00 am to noon, 2:00-2:30 pm, or 3:30-4:00 pm. If none of those times work I am free on Thursday morning. Let me know. Thanks, Stan

---

**From:** Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]  
**Sent:** Monday, March 12, 2018 7:08 PM  
**To:** Stan Huff (b)(6)@imail.org>  
**Cc:** Windom, John H. <John.Windom@va.gov> (b)(6)@va.gov>; Foster, Michele (SES) <Michele.FosterSES@va.gov>; (b)(6)@va.gov>  
**Subject:** RE: VA EHR

Stan:

Thank you for agreeing to be an extra set of outside eyes as we at VA finalize our EHR contract. We appreciate your vast experience and expertise; and want to make sure we get to the best place possible for Veterans, the country and taxpayers. As we are incredibly grateful to you for volunteering your time, we want to make this as easy as possible for you. Here are 3 next steps.

- 1) We will need you to sign the attached NDA. Please return to (b)(6) cc'd).
- 2) (b)(6) will then send you the latest package under separate cover.
- 3) Given government contracts are different than what you are used to reading, we would propose a quick phone call so that we can orient you to the contract and help focus you on the parts where your expertise will be most valuable. (b)(6) will lead this from our side and has told me is available between tomorrow from 9:30-11am ET or I am sure he can also find other times if these don't work for you. I will ask (b)(6) (cc'd) here to help set up a time.

Thanks again!

**From:** DJS  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA EHR  
**Date:** Wednesday, March 21, 2018 10:25:50 PM

---

Wow that's quite an email

Sent with Good (www.good.com)

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, March 21, 2018 7:20:26 PM  
**To:** DJS  
**Subject:** FW: VA EHR

Hopefully this lands well. Let me know what you hear back.

---

**From:** Blackburn, Scott R.  
**Sent:** Wednesday, March 21, 2018 10:20 PM  
**To:** 'Bruce Moskowitz'; 'Marc Sherman'  
**Cc:** DJS  
**Subject:** VA EHR

Marc / Bruce,

Thank you once again for all your support and especially for linking us up with these CIOs/experts. This was incredibly valuable. Secretary Shulkin, John Windom and I got together earlier today as well to talk about the path ahead. A few notes:

- In order to make sure we understand some of the more specific detailed points, members of our team reached out today for individual follow ups with Dr. Cooper, Dr. Karson, Dr. Shrestha, Jon Manis and Stephanie. Each have been so generous with their time – Stephanie will host us for a visit on April 4 and Dr. Cooper offered to do the same at Mayo.
  - Dr. Zenooz did connect with Dr. Cooper today on the point Marc highlights below to make sure we are on the same page and have the language right (part was us better understanding his point; part was pointing him to the specific language in 5.1.1 and giving him the broader context with what we are doing with Lighthouse as our API gateway and the VA Open API Pledge that 11 healthcare institutions signed two weeks ago include Cris Ross at Mayo as well Stan Huff at Intermountain and Dr. Karson at Partners).
  - We will also follow up with Stan on some of the issues he raised as well. For example: Stan will be excited to learn that Cerner has prioritized an additional 40 engineers to accelerate FHIR APIs for VA in support of this contract. (b)(5)

(b)(5)

**From:** [Blackburn, Scott R.](#)  
**To:** [Zenooz, Ashwini](#)  
**Subject:** RE: VA MEETING  
**Date:** Tuesday, November 14, 2017 4:38:00 PM

---

They are coming from POTUS friend/doctor. Will need to handle sensitively and with facts.

---

**From:** Zenooz, Ashwini  
**Sent:** Tuesday, November 14, 2017 4:35 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA MEETING

Scott, thanks. I just landed from a trip to Orlando. I'd be happy to respond to this but these questions are just ridiculous. They don't make sense and there is basic lack of understanding of interoperability, the solutions, radiology etc. I'm just baffled.

Ashwini Zenooz, MD  
EHRM Program Office

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 11:44:20 AM  
**To:** Zenooz, Ashwini  
**Subject:** FW: VA MEETING

I somehow left you off (I put Windom's name twice)...

---

**From:** Windom, John H.  
**Sent:** Tuesday, November 14, 2017 2:42 PM  
**To:** Blackburn, Scott R.; Short, John (VACO)  
**Subject:** RE: VA MEETING

Ok. Thanks. Not sure of the validity of any of his comments but will investigate. I could prepare a list of things Cerner has that Epic does not have that would serve no purpose. What Cerner does have is interoperability with DOD and an overall better product. I am not going to be drawn into the cherry picking game that is being done with the Cerner product. Please send that list of Epic overruns that I sent you last week to this person.

Thx  
John

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 11:24:58 AM  
**To:** Windom, John H.; Windom, John H.; Short, John (VACO)  
**Subject:** FW: VA MEETING

Sharing in the spirit of transparency.

Dr. Bruce Moskowitz will join the call tomorrow. He is a White House advisor. I don't know much about him other than he is important. He has asked at least one other person to join (a clinician from MGH). See trail to include questions at the bottom (that I sent earlier). I connected with the Secretary and he is ok with Bruce and whomever he invites to join the call.

---

**From:** Schnitzer, Jay J <(b)(6)@mitre.org>  
**Sent:** Tuesday, November 14, 2017 12:47 PM  
**To:** Blackburn, Scott R.  
**Cc:** Wynn, Jackie  
**Subject:** [EXTERNAL] FW: VA MEETING

Hi Scott,  
Please see the email trail below. Just want you aware in case we have people joining the call without your knowledge or approval.  
Thanks,  
Best,  
Jay

Jay J. Schnitzer, M.D., Ph.D.  
MITRE

---

**From:** Noga, James <(b)(6)@PARTNERS.ORG>  
**Date:** Tuesday, Nov 14, 2017, 11:43 AM  
**To:** Karson, Andrew Scott, M.D. <(b)(6)@mgh.harvard.edu>  
**Cc:** Schnitzer, Jay J <(b)(6)@mitre.org>  
**Subject:** RE: VA MEETING

But do the people hosting the call know you are going to be on the call? I am copying Jay as he is helping coordinate the call. Jim

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:31 AM  
**To:** Noga, James <(b)(6)@PARTNERS.ORG>  
**Subject:** RE: VA MEETING

Dear Jim,  
Thanks for the note. I think that you and I may have a little mis-understanding. I agree that you can of course handle the call, but Gregg and Bruce Moskowitz invited me to the call tomorrow so that they can have a hands-on clinicians perspective. Bruce and I spoke very briefly (between his patients) a little while ago and Bruce sent me the below information. I am hoping to touch base with you before the call if that is possible for you. I am tied up in presentations/meetings the rest of the day, but could speak this evening (6pm?) or tomorrow if that is okay with you. (And if needed I will break out of other meetings today).



Many thanks,  
Andy

---

**From:** Noga, James  
**Sent:** Tuesday, November 14, 2017 11:16 AM  
**To:** Karson, Andrew Scott, M.D. <(b)(6)@mgh.harvard.edu>  
**Subject:** RE: VA MEETING

I had a call with them today in prep for tomorrow's call. I appreciate the offer but I don't think it is my place to invite you. It needs to come from the VA.

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:11 AM  
**To:** Noga, James <(b)(6)@PARTNERS.ORG>  
**Subject:** FW: VA MEETING

Dear Jim,  
Given some conflicts that Gregg has being a senior advisor for the VA, Gregg has asked me to join the 3pm VA call tomorrow to be available for the clinician perspective. Would you be up for a 15 minute check-in call with me at some point tomorrow before the VA call? If so, then I'll reach out to Susan Briggs to get us a time.

Many thanks,  
Andy

---

**From:** Karson, Andrew Scott, M.D.  
**Sent:** Tuesday, November 14, 2017 11:06 AM  
**To:** 'Bruce Moskowitz' <(b)(6)@mac.com>  
**Subject:** RE: VA MEETING

Dear Bruce,  
Many thanks for the note. I'll review the below a little later today and I'll be back in touch.  
Many thanks and best,  
Andy

---

**From:** Bruce Moskowitz <(b)(6)@mac.com>  
**Sent:** Tuesday, November 14, 2017 10:45 AM  
**To:** Karson, Andrew Scott, M.D. <(b)(6)@mgh.harvard.edu>  
**Subject:** VA MEETING

The call will take place this Wednesday, November 15<sup>th</sup> between 3:00 PM and 5:00 PM

Dial In Number: (b)(6)

Passcode: (b)(6)

Thank you for your time and involvement. Some background information. These are my concerns as a clinician.

Cerner does not have the ability to provide the following in the Choice Program:

Tracking duplicate testing

Tracking over utilization by providers

Tracking duplicate prescriptions and medication errors.

Tracking tests that were ordered, completed and results go to all physicians involved in the Veterans care

Patient notification of critically abnormal results with followup resolution

Arranging appointment followup between the VA and Private sector

Emergency room visits in the private sector ability to access records immediately and VA physicians notified of emergency care and followup

Cerner has no registry to track what Cardiac and orthopedic devices are implanted in case there is a recall of the device

Automatic record transfer from the Choice Provider to the VA patient record with flagging new information to every VA health care worker

A radiology platform to see films in high definition to compare X-rays and ability for radiologists to efficiently find previous films. For instance a radiologist needs to know if a lung nodule is new or was there previously and the same size.

Cardiologists need to access catheterization films in high definition

Cerner has no system to alert VA health care workers when a patient is at a particular office or hospital to participate in care management in real time.

Sent from my iPad  
Bruce Moskowitz M.D.

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**From:** [DJS](#)  
**To:** [Blackburn, Scott R.](#)  
**Subject:** RE: VA MEETING  
**Date:** Tuesday, November 14, 2017 2:15:11 PM

---

Yes and yes

Sent with Good ([www.good.com](http://www.good.com))

---

**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 10:46:39 AM  
**To:** DJS  
**Subject:** RE: VA MEETING

Got it.

Are you ok with Bruce joining and inviting a few others (it looks like 1-2 clinicians from MGH)?

For the 5 CIOs who ask, I will tell them that Bruce is an advisor and extension of the WH/VA team. Is that ok to say?

---

**From:** DJS  
**Sent:** Tuesday, November 14, 2017 1:43 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA MEETING

I don't have any real advice but to keep the conversation focused on the topics you need advice and value on

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**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 10:38:25 AM  
**To:** DJS  
**Subject:** FW: VA MEETING

The call with the 5 CIOs is Wednesday 3-5pm. On our pre-calls, 2 of the CIOs have asked about Bruce and what his involvement is. I have never had any contact with Bruce, but it seems like a sensitive relationship. Any advice on how to handle?

We invited Jared/Chris from WH as a courtesy. I don't think either plan to join, but they must have invited Bruce who is now asking a few others to join (see below).

Can discuss live later before or after hearing prep.

**From:** [Zenooz, Ashwini](#)  
**To:** [Blackburn, Scott R.](#)  
**Subject:** RE: VA MEETING  
**Date:** Tuesday, November 14, 2017 5:07:11 PM

---

Yup. Got it. I will have facts.

Ashwini Zenooz, MD  
EHRM Program Office

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**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 1:38:51 PM  
**To:** Zenooz, Ashwini  
**Subject:** RE: VA MEETING

They are coming from POTUS friend/doctor. Will need to handle sensitively and with facts.

---

**From:** Zenooz, Ashwini  
**Sent:** Tuesday, November 14, 2017 4:35 PM  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA MEETING

Scott, thanks. I just landed from a trip to Orlando. I'd be happy to respond to this but these questions are just ridiculous. They don't make sense and there is basic lack of understanding of interoperability, the solutions, radiology etc. I'm just baffled.

Ashwini Zenooz, MD  
EHRM Program Office

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**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 11:44:20 AM  
**To:** Zenooz, Ashwini  
**Subject:** FW: VA MEETING

I somehow left you off (I put Windom's name twice)...

---

**From:** Windom, John H.  
**Sent:** Tuesday, November 14, 2017 2:42 PM  
**To:** Blackburn, Scott R.; Short, John (VACO)  
**Subject:** RE: VA MEETING

Ok. Thanks. Not sure of the validity of any of his comments but will investigate. I could

**From:** [Windom, John H.](#)  
**To:** [Blackburn, Scott R.](#)  
**Subject:** RE: VA MEETING  
**Date:** Tuesday, November 14, 2017 3:01:18 PM

---

To me the session tomorrow is just a grin and bear it session. I will have my listening hat on for 2 hours.

Vr  
John

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**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 11:56:17 AM  
**To:** Windom, John H.  
**Subject:** RE: VA MEETING

I believe this is the longtime personal doctor, and close friend, to POTUS

---

**From:** Windom, John H.  
**Sent:** Tuesday, November 14, 2017 2:42 PM  
**To:** Blackburn, Scott R.; Short, John (VACO)  
**Subject:** RE: VA MEETING

Ok. Thanks. Not sure of the validity of any of his comments but will investigate. I could prepare a list of things Cerner has that Epic does not have that would serve no purpose. What Cerner does have is interoperability with DOD and an overall better product. I am not going to be drawn into the cherry picking game that is being done with the Cerner product. Please send that list of Epic overruns that I sent you last week to this person.

Thx  
John

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 11:24:58 AM  
**To:** Windom, John H.; Windom, John H.; Short, John (VACO)  
**Subject:** FW: VA MEETING

Sharing in the spirit of transparency.

Dr. Bruce Moskowitz will join the call tomorrow. He is a White House advisor. I don't know much about him other than he is important. He has asked at least one other person to join (a clinician from MGH). See trail to include questions at the bottom (that I sent earlier). I connected with the Secretary and he is ok with Bruce and whomever he invites to join the call.

**From:** DJS  
**To:** Blackburn, Scott R.  
**Subject:** RE: VA MEETING  
**Date:** Tuesday, November 14, 2017 1:42:46 PM

---

I don't have any real advice but to keep the conversation focused on the topics you need advice and value on

Sent with Good (www.good.com)

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**From:** Blackburn, Scott R.  
**Sent:** Tuesday, November 14, 2017 10:38:25 AM  
**To:** DJS  
**Subject:** FW: VA MEETING

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We invited Jared/Chris from WH as a courtesy. I don't think either plan to join, but they must have invited Bruce who is now asking a few others to join (see below).

Can discuss live later before or after hearing prep.

Scott

---

**From:** Schnitzer, Jay J <(b)(6)@mitre.org>  
**Sent:** Tuesday, November 14, 2017 12:47 PM  
**To:** Blackburn, Scott R.  
**Cc:** Wynn, Jackie  
**Subject:** [EXTERNAL] FW: VA MEETING

Hi Scott,  
Please see the email trail below. Just want you aware in case we have people joining the call without your knowledge or approval.  
Thanks,  
Best,  
Jay

Jay J. Schnitzer, M.D., Ph.D.  
MITRE

---

**From:** Noga, James <(b)(6)@PARTNERS.ORG>  
**Date:** Tuesday, Nov 14, 2017, 11:43 AM  
**To:** Karson, Andrew Scott, M.D. <(b)(6)@mgh.harvard.edu>  
**Cc:** Schnitzer, Jay J <(b)(6)@mitre.org>  
**Subject:** RE: VA MEETING

**From:** Blackburn, Scott R.  
**To:** Liddell, Christopher P. EOP/WHO  
**Subject:** RE: VA/CMS/OAI Meeting  
**Date:** Friday, January 19, 2018 10:50:00 AM

---

In one sentence...

***VA will announce that we are moving forward with Cerner EHR implementation (initial portion of the contract signed, first task order initiated) and highlight how this agreement will push the move the industry forward towards interoperability (e.g., open APIs, bulk data transfer, FHIR standard adoption, requirements of Cerner to collaborate with community partners and academic affiliates on non-Cerner systems).***

We are working with Secretary Shulkin on the specifics. We absolutely want to be aligned with CMS/ONC/others. We were hoping to get 2-3 Academic Medical Centers on Epic/other systems to agree to exchange information and make that a requirement of their EHR provider, but we have been advised that that is way too premature.

Does that sound right?

---

**From:** Liddell, Christopher P. EOP/WHO (b)(6) [redacted]@who.eop.gov]  
**Sent:** Thursday, January 18, 2018 4:55 PM  
**To:** Blackburn, Scott R.  
**Subject:** [EXTERNAL] RE: VA/CMS/OAI Meeting

Scott

Could you summarize in one sentence exactly what you would announce at HIMSS on interoperability ?

Just trying to summarize it simply alongside CMS etc

---

**From:** Blackburn, Scott R. (b)(6) [redacted]@va.gov]  
**Sent:** Tuesday, January 16, 2018 11:21 AM  
**To:** Guram, Jeet (CMS/OA) <(b)(6) [redacted]@cms.hhs.gov>; Liddell, Christopher P. EOP/WHO (b)(6) [redacted]@who.eop.gov>  
**Cc:** Moorhead, Quellie U. EOP/WHO <(b)(6) [redacted]@who.eop.gov>  
**Subject:** RE: VA/CMS/OAI Meeting

Thanks Jeet. Below is an outline of how we are thinking of things at VA. Also pre-decisional and would love your input.

**What success looks like for VA** (before HIMSS March 5-9 in Las Vegas, which is only an artificial forcing mechanism. The Secretary has the keynote on March 9).

- Finalize and sign the Cerner contract (w/ support from external validators)
- Have 2 or 3 major healthcare systems on Epic (or something other than Cerner) commit to share meaningful data with VA

### **Major inputs remaining:**

- MITRE report (final due NLT 31 Jan) containing the following elements:
  - Synthesized recommendations from all the big ideas we've gotten – to help Windom/team understand what, if anything, needs to be tweaked/included in Cerner contract negotiations based on expert recommendations (outsiders + government + others).
  - Takeaways from the 1/5 listening forum
  - Results from findings from UPMC and other follow on expert conversations (e.g., Adam Boehler, commercial providers)
  - Cost estimate of point to point interoperability solutions between Cerner and Epic/other.
  - Prospective technology/interoperability updates/enhancements required by the Cerner EHR solution necessary to support national interoperability and health information exchange objectives with an EPIC EHR platform
- External legal review of the entire contract (being done now by MITRE, also NLT 31 Jan)

### **Timeline:**

- Between now and 31 Jan
  - Finish report
  - Visit UPMC
  - Any other expert follow ups
  - Initiative conversations with Cleveland Clinic, Partners, Kaiser, Mayo, Johns Hopkins, and Geisinger about connecting in to VA/Cerner solution. Also, InterMountain has offered support (however is a Cerner system)
- Month of February
  - Finalize contract negotiations with Cerner
  - Finalize partnerships with 2-3 hospital systems
  - Syndicate findings with key stakeholders / validators

### **Possible help from Office of American Innovation:**

- Help getting 2-3 hospital systems to cooperate (TBD). Bruce Moskowitz and Marc Sherman may be able to help with this.
  - Possibly start thinking about a government subsidy that we might offer hospital systems to defray the costs?
- Help managing external stakeholders and accessing validators
- Continued support HHS/CMS/ONC as needed

---

**From:** Guram, Jeet (CMS/OA) (b)(6) [REDACTED]@cms.hhs.gov]  
**Sent:** Tuesday, January 16, 2018 8:25 AM  
**To:** Liddell, Christopher P. EOP/WHO; Blackburn, Scott R.  
**Cc:** Moorhead, Quellie U. EOP/WHO  
**Subject:** [EXTERNAL] RE: VA/CMS/OAI Meeting

**PRE-DECISIONAL**



Hi Chris and Scott, look forward to touching base today. Please find attached a summary of CMS's workplan and the full workplan for review.

--

Jeet Guram, M.D.  
Senior Advisor | Office of the Administrator  
Centers for Medicare & Medicaid Services  
+1 (202) 230-0451 | (b)(6)@cms.hhs.gov

-----Original Appointment-----

**From:** Moorhead, Quellie U. EOP/WHO (b)(6)@who.eop.gov]

**Sent:** Thursday, January 11, 2018 6:15 PM

**To:** Moorhead, Quellie U. EOP/WHO; Liddell, Christopher P. EOP/WHO; Guram, Jeet (CMS/OA); Blackburn, Scott R.

**Subject:** VA/CMS/OAI Meeting

**When:** Tuesday, January 16, 2018 12:30 PM-1:00 PM Eastern Time

**Where:** Participant Dial-In: (b)(6) Participant Code: (b)(6)

**\*This will now be a dial in conference! Thank you and have a nice weekend!\***

**From:** (b)(6)  
**To:** Moorhead, Quellie U. EOP/WHO; Blackburn, Scott R.; "Guram, Jeet (CMS/OA)"  
**Subject:** RE: VA/CMS/OAI Meeting  
**Date:** Monday, January 22, 2018 8:11:27 AM

---

Hi Quellie,

I just submitted WAVES for Mr. Blackburn, thanks!

(b)(6)

---

**From:** Moorhead, Quellie U. EOP/WHO (b)(6)@who.eop.gov]  
**Sent:** Monday, January 22, 2018 8:02 AM  
**To:** (b)(6); Blackburn, Scott R.; 'Guram, Jeet (CMS/OA)'  
**Subject:** [EXTERNAL] RE: VA/CMS/OAI Meeting  
**Importance:** High

Jeet – are you furloughed?

Hi (b)(6) and Scott,

I'm about to be furloughed in 4 hours – could you please submit your WAVES ASAP so Chris can meet with you on Tuesday at 1:30?

Hoping to get his meetings all sorted ASAP!

Thank you and hope you had a nice weekend,  
Quellie

---

**From:** (b)(6)@va.gov]  
**Sent:** Wednesday, January 17, 2018 2:47 PM  
**To:** Moorhead, Quellie U. EOP/WHO <(b)(6)@who.eop.gov>; Guram, Jeet (CMS/OA) (b)(6)@cms.hhs.gov>  
**Subject:** RE: VA/CMS/OAI Meeting

Good afternoon, 1:30PM works for Scott. Thank you! (b)(6)

---

**From:** Moorhead, Quellie U. EOP/WHO (b)(6)@who.eop.gov]  
**Sent:** Wednesday, January 17, 2018 2:43 PM  
**To:** Guram, Jeet (CMS/OA); (b)(6)  
**Subject:** [EXTERNAL] RE: VA/CMS/OAI Meeting

Chris and Scott to bcc

Hi Jeet and (b)(6)

Any chance that 1:30 PM on Tuesday the 23<sup>rd</sup> would work for this meeting? I think that's the first time that we could make it happen!

Thank you,  
Quellie

---

**From:** Liddell, Christopher P. EOP/WHO  
**Sent:** Tuesday, January 16, 2018 3:52 PM  
**To:** Blackburn, Scott R. <Scott.Blackburn@va.gov>; Guram, Jeet (CMS/OA) (b)(6)@cms.hhs.gov>  
**Cc:** Moorhead, Quellie U. EOP/WHO (b)(6)@who.eop.gov>  
**Subject:** RE: VA/CMS/OAI Meeting

Good call today

I think we said that we would try and get together in person to discuss plans and try and ensure we are coordinated

+ Quellie who can suggest some times

---

**From:** Blackburn, Scott R. [mailto:Scott.Blackburn@va.gov]  
**Sent:** Tuesday, January 16, 2018 11:21 AM  
**To:** Guram, Jeet (CMS/OA) (b)(6)@cms.hhs.gov>; Liddell, Christopher P. EOP/WHO (b)(6)@who.eop.gov>  
**Cc:** Moorhead, Quellie U. EOP/WHO (b)(6)@who.eop.gov>  
**Subject:** RE: VA/CMS/OAI Meeting

Thanks Jeet. Below is an outline of how we are thinking of things at VA. Also pre-decisional and would love your input.

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  - Results from findings from UPMC and other follow on expert conversations (e.g., Adam Boehler, commercial providers)
  - Cost estimate of point to point interoperability solutions between Cerner and Epic/other.

## Functionality Requests for Cerner EMR platform to Support Innovation and Interoperability

In order to meet the innovation needs of Intermountain Healthcare to be a model health system, several types of enhancements to the Cerner EMR platform are needed. These enhancement types consist of the following:

(b)(5)

(b)(5)

(b)(5)

(b)(5)

(b)(5)



(b)(5)

**From:** Myklegard, Drew  
**To:** Blackburn, Scott R.; (b) (6)  
**Subject:** Re: [EXTERNAL] RE: Thanks for Participating in the HIMSS 2018 CIO Roundtable Discussion on Accelerating Open APIs  
**Date:** Tuesday, March 20, 2018 12:40:51 PM

---

We welcome all!!!

Harp and I will reach out.

---

**From:** "Blackburn, Scott R." <Scott.Blackburn@va.gov>  
**Date:** Tuesday, March 20, 2018 at 10:49 AM  
**To:** "Myklegard, Drew" <David.Myklegard@va.gov>  
**Subject:** FW: [EXTERNAL] RE: Thanks for Participating in the HIMSS 2018 CIO Roundtable Discussion on Accelerating Open APIs

Sounds like someone that wants to sign the pledge...

Sent with Good ([www.good.com](http://www.good.com))

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**From:** Rene Cabral-Daniels  
**Sent:** Tuesday, March 20, 2018 7:52:55 AM  
**To:** Aneesh Chopra; Blackburn, Scott R.; Shrestha, Rasu B; graham; Micki Tripathi; Culbertson, Adam  
**Subject:** [EXTERNAL] RE: Thanks for Participating in the HIMSS 2018 CIO Roundtable Discussion on Accelerating Open APIs

Thank you for your outstanding leadership. Please know I remain committed to this project as it holds tremendous promise for the medically underserved.

Rene S. Cabral-Daniels, JD, MPH  
Chief Executive Officer  
Community Care Network of Virginia, Inc.  
Suite 1  
3831 Westerre Parkway  
Henrico, VA 23233  
Phone - 804-237-7686 x1219



**From:** [Blackburn, Scott R.](#)  
**To:** [\(b\)@facs.org](#)  
**Subject:** VA EHR  
**Date:** Monday, March 12, 2018 9:54:00 AM

---

Dr. Ko:

I hope this finds you well. On behalf of Secretary Shulkin I wanted to see if we could enlist your help. We are very close to finalizing our EHR deal with Cerner; however we want to make sure we get a few extra set of eyes on it to make sure we are doing right by Veterans, the country and taxpayers. Would you have the time/ability to conduct a quick high level review and provide input in the next week or so? You were referred to us by Dr. Bruce Moskowitz.

Thanks so much,  
Scott

**Scott Blackburn**

Acting CIO & Executive-in-Charge, Office of Information & Technology  
Department of Veterans Affairs



## VA EHRM RTM Non-Functional Requirements Summary

Updated: 22Jan2018

### VA RTM Non-Functional Requirements

Requirement Type	Count
<b>Final</b>	
508 Compliance	1
Access Management	20
Data Management	4
Identity Management	21
Information Assurance / Security	11
Interoperability	19
Pharmacy	7
Reliability / Scalability / Maintainability	4
Synchronization: Low-Comm / No-Comm	1
SLA	12
<b>Final Total</b>	<b>100</b>

### VA Informatics Requirements

Requirement Type / Cat	Count
<b>Final</b>	
Compatibility	13
Functional Suitability	15
Maintainability	6
Usability	4
<b>Final Total</b>	<b>38</b>

Ref #	Capabilities	Definition	RTM Clarification	VA Status	Met/Not Met	Solution Name	Development
	Informatics	<p>Time Categories for Informatics capabilities below</p> <ul style="list-style-type: none"> <li>• Now: Capability Exists in Current Cerner Product</li> <li>• Now+ : Capability substantially exists today, progress is planned or expected</li> <li>• 1-3: Capability could exist in 1-3 years</li> <li>• &gt;3: Capability will take longer than 3 years</li> </ul>					
VA-NF-T13	Informatics - Data Content	VHA must be able to capture complete, accurate, richly detailed health data in a “close to clinician meaning” manner using accepted standards in order to deliver high quality, consistent care to Veterans. ML1 [>3]	<p>1. Cerner can import VA SNOMED Extensions including VA provided versioned post-coordinated expressions as single SCTID and integrate and use that content in the same manner as current SNOMED– [NOW]</p> <p>2. Cerner could provide support for the capture of post-coordinated expressions [ &gt;3 years]</p>	Final			
VA-NF-T14	Informatics - Data Content	In the process of capturing complete and accurate records, VHA must minimize unnecessary documentation burdens that clinicians face. These burdens decrease face-to-face time for clinical care, thereby impairing care quality, patient satisfaction, and clinician satisfaction. Integrated, re-usable, standards-based, computable terminology allows clinicians to “document once” and the system to re-use that data “many times”. (Cognitive Support) ML2 [NOW]	[NOW]	Final			
VA-NF-T15	Informatics - Data Content	VHA must be able to ingest standards-based data and information from medical devices or via manual entry with associated metadata such as provenance [TP1] [NOW]	<p>1. The system will be able to ingest and display blood pressures sorted by measurement or sorted by time integrated across devices [NOW]</p> <p>2. The system will be able to ingest and display oxygen saturation percentage sorted by sorted by time integrated across devices [NOW]</p>	Final			
VA-NF-T16	Informatics - Data Content	VHA must be able to access validated and unvalidated standards-based medical device data for research and analysis in development of evidenced -based practice. Validated device data should be part of the health record and unvalidated device data should be stored but not part of the patient's record [TP2] [> 3]	The system can be configured to export unvalidated sampled and raw device data to a 3rd party archive [>3]	Final			
VA-NF-T17	Informatics - Data Content	VHA needs to be able to track patient location in any care venue via multiple techniques such as manual entry or radio-frequency wrist band. Data should be able to be integrated across methods and over time. VHA also needs to be able to tie location data to organizational units (wards, clinics etc) TP3	<p>1. System can support manual location entry [NOW]</p> <p>2. System can support automated data entry from VA-provided RFID infrastructure [NOW]</p>	Final			
VA-NF-T18	Informatics - Data Reuse	VHA must be able to use clinical data collected at the point of care (e.g., exam rooms, patient's home) for clinical decision support and research regardless of the care site, clinic type, provider type (including patients) or data entry form employed. Clinical data elements must be collected in a standardized and consistent way across venues to facilitate reuse. (Data exchange, CDS, quality) SHB1 [NOW]	<p>1. System can support an invokable service that determines and returns class membership [NOW]</p> <p>2. System will provide the invokable service with content provided by VA [1-3]</p> <p>3. System provides the tools to develop the content [&gt;3]</p>	Final			
VA-NF-T19	Informatics - Data Reuse	VHA must be able to access and reuse its clinical data in perpetuity without licensing restrictions. (Data exchange) SHB2		Final			

Ref #	Capabilities	Definition	RTM Clarification	VA Status	Met/Not Met	Solution Name	Development
VA-NF-T20	Informatics - Care Integration	VHA must operate with academic affiliate partners, Community Care partners, DoD, and public health agencies. Standards-based clinical terminology is required for such operations across a continuum of care. (Data Exchange, Process Continuity) ML3 [NOW]	1. Standards-based, fine grained observations from the point of care, such as "diminished sensation to light touch on the plantar surfaces of both feet" must be able to be exported to care partners as standard-based coded data. [1-3] 2. Standards-based, fine grained observations from the point of care, such as "diminished sensation to light touch on the plantar surfaces of both feet" must be able to be imported from care partners as standards-based coded data [NOW] and formally "classified" via an invokable service [1-3]	Final			
VA-NF-T21	Informatics - Care Integration	VHA must be able to provide demonstrably high-quality collaborative care in the community without delay or waste or elevated risk. (Data Exchange, Process Continuity, Quality, Safety Value) SHB6 [NOW +]	1. The system must be able to import, integrate and run decision support rules for quality measures such as opiate safety that include data elements regarding opiate prescriptions, urine drug screen lab test results, and the checking of state prescription drug monitoring databases. Data elements must come from at least one non-VA/DoD non-Cerner healthcare provider. Rules will identify patients who have received more than one prescription for opiates in the past year who have an illicit drug found in their urine and who have not had a state pdmp check in the same time frame. [NOW +]	Final			
VA-NF-T22	Informatics - Care Integration	VHA requires effective integration of a longitudinal record from multiple sources despite technology and information representation disparities via concurrent support of multiple versions of data structures in support of both standards transition periods to newer releases, and interchange with systems supporting older versions of the standard (Data Exchange, Evolution) KSR2 [NOW]	1. System will support the use of multiple data models (eg, CEM, CIMI, ANF) [1-3] 2. System will support STAMP versioning for all data models and standard terminologies. [1-3] 3. System will support data exchange via multiple models based on the requirements of the exchange partner [1-3]	Final			
VA-NF-T23	Informatics - Care Integration	VA must be able to seamlessly integrate with HIE and external-to-EHR shared services to provide for a seamless experience and to more effectively integrate in community care efforts, as well as with other parts of VA (e.g., identity management). This includes but is not limited to the EHR product ability to support external shared services (SOA services, such as identity management, care plan service, scheduling, etc.) accessed via standards-based APIs. (Process Continuity, Evolution, Extension) KSR5 [NOW +]	1. Monitor and measure the number of FHIR interfaces realized with external networks/provider organizations [NOW] 2. Demonstrate the ability to conduct shared care planning with non-VA actors, such as a care-coordination Smart on FHIR app [1-3]	Final			
VA-NF-T24	Informatics - Care Integration	VHA requires the ability to deliver seamless care via distributed care processes, both as a referrer to external care and a referral recipient for externally-initiated care activities. (Data Exchange, Process Continuity) KSR7 [NOW +]	VHA requires the ability to deliver seamless care via distributed care processes, both as a referrer to external care and a referral recipient for externally-initiated care activities. (Data Exchange, Process Continuity) KSR7 [NOW +]	Final			

Ref #	Capabilities	Definition	RTM Clarification	VA Status	Met/Not Met	Solution Name	Development
VA-NF-T25	Informatics - Clinical Decision Support	VA providers and patients EHR experience should be enhanced based on clinical knowledge, analytics, context and situational awareness. (Cognitive Support, innovation) BG3 [NOW]	1. System will be able to present a curated (role, venue, problem - oriented view of a patient's record that includes clinically relevant medications, labs, procedures and progress notes for each problem on the problem list. [NOW] This view will be driven by standards-based expressions of clinical knowledge ("insulin treats diabetes"; "HgBa1c lab performed for diabetes") [>3] 2. The view will change when the knowledge base changes, for example to include a new medication that treats diabetes [>3] 3. The view will be extended to include additional data types, including psycho-social factors that impact health [1-3] 4. Patient-facing components will use terms appropriate for laymen [NOW]	Final			
VA-NF-T26	Informatics - Clinical Decision Support	VA must be able to utilize specialty external (non-Cerner) standards-based clinical decision support capabilities, such as predictive analytics and enhanced point-of-care decision support to improve clinical quality management and VA clinical efficacy. (CDS, Cognitive Support, Extension, Innovation) KSR4 [1-3]	Enumerate commercially-available third-party COTS CDS offerings capable of integration with Cerner via standards-based interfaces (including but not necessarily limited to support for FHIR APIs and/or OMG CDS API/ HL7 CDS APIs (eg, CDS Hooks) [1-3]	Final			
VA-NF-T27	Informatics - Clinical Decision Support	VA requires a sandbox to support VA developing the knowledge necessary to leverage the strengths of the new EHR and to align CDS efforts with the to-be host system. The sandbox shall facilitate the following: conforming to national HIT standards, capitalizing on open-source resources, capitalizing on the experience and efforts of Department of Defense and other federal partners, preserving and building on decades of institutional knowledge and experience as represented in VistA and CPRS, future-proofing knowledge-based systems, customizing CDS to account for site-specific variation and available resources and determining points of necessary standardization within VA, creating best practices for developing multi-tiered CDS and other forms of user performance augmentation, developing process for supporting design, implementation, and evaluation of CDS to maximize impact. (CDS, Cognitive Support, Innovation) DLM4 [NOW]	1. The EHR Sanbox will use SNOMED CT for Problem List Entries [NOW] 2. The EHR sandbox will include open source components of InfoButtons [NOW] 3. The EHR sandbox will include rapid prototyping tools for user centered design such as balsamiq. [1-3]	Final			
VA-NF-T28	Informatics - Clinical Decision Support	VHA requires tools that facilitate decision making by the healthcare team and the homecare team including computerized alerts and reminders to care providers and patients; clinical guidelines; condition-specific order sets; focused patient data reports and summaries; documentation templates; diagnostic support, and contextually relevant reference information (CDS) DLM1 [NOW]		Final			



Ref #	Capabilities	Definition	RTM Clarification	VA Status	Met/Not Met	Solution Name	Development
VA-NF-T29	Informatics - Clinical Decision Support	VHA requires information that is filtered, organized and presented in a way that supports the current workflow, allowing the user to make an informed decision quickly and take action. (CDS, Cognitive Support, Innovation) DLM2 [NOW]	1. Users shall be able to configure the workspace to display information that meets their individual requirements: [NOW] data types filtered by specialty needs, timeframes, display patterns [>3] 2. Users shall be able to filter medications by drug class [NOW] 3. Users shall be able to filter progress notes by multiple parameters, such as multiple relevant specialties. [NOW] 4. System able to maintain and update state of user-patient activity in terms of context, setting, workflow process state, cognitive/logic tasks that are appropriate to this state, other parameters to be defined. [3+] 5. Context model definition in terms of axes that address aspects such as in previous bullet. [>3] 6. Ability to use such state descriptions and context to select appropriate CDS [>3] 7. EHR supports "snapshot or dashboard view" of individual patients that is configurable based on user specialty/preferences [NOW] 8. EHR supports user selected filters for result tables that allow quick analysis of patient information [NOW]	Final			
VA-NF-T30	Informatics - Clinical Decision Support	VHA requires different types of CDS appropriate to optimize different processes of care in different settings and across venues (CDS, Process Continuity, Data Exchange, Extension, Innovation) DLM3 [NOW]	1. Users shall be able to view data that is comingled by data type, in time sequence, regardless of the source of the data whether it be within or outside of VHA and DoD [NOW, +] 2. Users shall be able to use both custom and enterprise standard dashboards to address needs for cohorts of patients. [NOW] 3. There shall be an enterprise wide governance process that manages alerts and other CDS formats to maximize their efficiency [VA] 4. CDS tools shall be standards based, and shareable within and outside of DoD and the VA [NOW, +] 6. Organization of CDS artifacts in a knowledge base with metatags indicating context parameters that characterize where they are applicable [1-3] 7. EHR supports multiple CDS approaches including: <ul style="list-style-type: none"> <li>• internal alerts/reminders, [NOW]</li> <li>• access to external CDS modules via standards based data exchange (HL7 DSS/CDS Hooks, etc), [NOW +]</li> <li>• context specific InfoButton links to document based CDS [NOW]</li> </ul>	Final			
VA-NF-T31	Informatics - Clinical Decision Support	VA requires CDS applications that operate as components of a comprehensive EHR system. DLM6 [NOW]	1. Ability to maintain and support an external shared knowledge management repository that can be accessed through EHRs, either by APIs or by import/synchronization with host EHR systems [>3] 2. CDS applications are patient context aware (eg. CCOW or SMART apps) and not requiring multiple signon's [NOW, +]	Final			



Ref #	Capabilities	Definition	RTM Clarification	VA Status	Met/Not Met	Solution Name	Development
VA-NF-T32	Informatics - Clinical Decision Support	VA requires CDS interventions that address the CDS Five Rights by providing the right information (evidence-based guidance, response to clinical need), to the right people (entire care team – including the patient), through the right channels (e.g., EHR, mobile device, patient portal), in the right formats (e.g., order sets, flow-sheets, dashboards, patient lists), at the right times (CDS) DLM7 [NOW]	1. There shall be an enterprise wide governance process, incorporating all healthcare specialties, to manage evidence-based guidance that supports clinical decision support tools. [VA] 2. Intensive usability assessment shall be done and acted upon for all CDS interventions, including careful workflow analysis that addresses all 5 rights. [VA] 3. CDS tools and EHR are equally accessible by providers, patients, and caregivers through multiple channels (desktop, mobile device). [NOW +]	Final			
VA-NF-T91	Informatics - Content Integration	VA needs to be able to purchase/acquire and easily deploy standards-based clinical decision support content such as order sets, documentation templates and clinical rules. (Extension, CDS) SHB3 [NOW +]	1. The system can import and execute "USPSTF Statin Use for the Primary Prevention of CVD in Adults" ECA rule from the AHRQ CDS Connect repository [1-3] 2. The system will import and execute 1 other ECA rule from AHRQ [1-3] 3. The system will be able to import and execute one or more order sets and one or more documentation templates from a non-Cerner, standards-based source [1-3]	Final			
VA-NF-T92	Informatics - Content Integration	VA must be able to integrate clinical data, knowledge resources, and workflow across care venues. (CDS, Cognitive Support, Process Continuity, Evolution, Innovation) BG1 [MISSED]	1. The system will be able model work flow e.g., for low back pain evaluation and management using BPMN, CMMN, DMN and track completion of each step regardless of care venue. [>3] 2. The system will be able to marshall relevant clinical data for each step (eg,MRI results, medications) from each care venue and integrate the results into a coherent workflow centric view. [NOW]	Final			
VA-NF-T93	Informatics - Content Integration	VHA requires extension and import of clinical knowledge (code systems, ontologies, etc.) from external sources, allowing it to more accurately and rapidly ingest best-practices as they are come available from clinical professional societies and peer healthcare delivery organizations. (CDS, Cognitive Support, Extension, Innovation) KSR3 [NOW +]	1. The System will be able to import SNOMED CT and use full capabilities of updates in RF2 format from NLM and deploy the updates at the point of care for use in problem lists. [1-3] 2. The system will be able to import LOINC and RxNORM and deploy the updates for use where appropriate e.g. pharmacy, lab. [NOW]	Final			

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VA-NF-T94	Informatics - Content Management	The VA must be able to use CDS, Process Interoperability and Cognitive support mechanisms reliably and consistently over time and across venues of care. The VA must have the ability to monitor and manage all CDS, Process Interoperability and Cognitive Support mechanisms and all dependent subcomponents such as code systems and other data representations (CDS Cognitive Support, Quality, Safety) SHB7 [1-3]	<p>1. The system will provide monitoring of the frequency of CDS rule such as colorectal cancer screening firing over time and will provide alerts when significant changes in patterns are encountered as determined by statistical process control metrics. [NOW]</p> <p>2. CDS rule components for colorectal cancer screening will be represented using SNOMED CT with STAMP versioning. CDS rules for colorectal cancer screening will be STAMP versioned. [1-3]</p> <p>3. The system must track dependencies between all CDS artifacts and their components using a coordinated-based declaration of dependencies, where each artifact will be given a textual group id, artifact id, and version. This coordinate-based delegation of dependencies is an industry best-practice as demonstrated by implementations of this paradigm by Maven, Gradle, and other build systems. [1-3]</p>	Final			
VA-NF-T33	Informatics - Content Management	VHA must effectively integrate and manage veteran data from heterogeneous external partners that will include versioned structural representations of data, including but not limited to CIMI Model Instances and patient data constructs represented in these structures. (Data Exchange, Evolution) KSR1 [NOW Healthelintent]	<p>1. System will support the use of multiple data models (e.g., CEM, CIMI, ANF) [NOW]</p> <p>2. System will support STAMP versioning for all data models and standard terminologies. [NOW]</p> <p>3. System will be able to import, store and reuse in CDS patient data delivered via multiple versioned data models for the triggering of a colorectal cancer screening reminder [NOW]</p>	Final			
VA-NF-T34	Informatics - Content Management	The VA must continuously evaluate quality, safety, and value using data sets that cover a time period of 5 years or more (5 year survival for cancer patients is an important benchmark). The VA must have the ability to manage changes in code systems and other data representations over the time period, in order to reliably and consistently assess quality, safety, and value. (Quality, Safety, Value, Evolution) KEC4 [NOW +]	<p>1. Code systems and elements will be maintained using STAMP versioning. [NOW]</p> <p>2. Upon update, the status of previous versions of the code set and code elements will be changed to reflect the update but the previous version and code elements will not be deleted from the system. [NOW]</p>	Final			
VA-NF-T35	Informatics - Content Management	VA must be able to extend existing standards content with new codes in a timely and accurate manner. The VA must also have a process by which these extensions are reconciled with the relevant standards. KEC5 [NOW]	<p>1. The system will support a VA "extension" to SNOMED that meets SNOMED extension technical requirements. [NOW]</p> <p>2. The system will provide tools for terminology modelers with SNOMED modeling experience to model new pre and post coordinated concepts in a graphical environment [1-3]</p> <p>3. The system will store those STAMP versioned models in a VA extension. [NOW]</p>	Final			

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VA-NF-T36	Informatics - Content Management	The VA must ensure that all uses of clinical data must be demonstrably safe for patient care, through the computation and evaluation of metrics, system analysis, and statistical sampling. The VA must never be faced with a circumstance where patient harm resulted from unsafe processing of clinical data, such as sending data through a defective map that may result in errors of care. (Safety, Data Exchange, CDS, Process Continuity, Cognitive Support) KEC2 [NOW +]	<p>1. When an artifact upon which CDS is dependent changes, (terminology, model, rule, etc), the system must be able to compute which other artifacts are dependent on that artifact, so that proper quality assurance can be performed on the dependent artifacts to ensure patient safety. [1-3]</p> <p>2. All transformations from internal terminology to external terminology must use an equivalence table, where each entry in the table has clinical equivalent meaning. This equivalence table must be subject to ongoing metric-based quality assurance, where inter-rater and intra-rater reliability statistics are provided. The VA will sample this equivalence table, and will create its own inter-rater and intra-rater reliability statistics to confirm the clinical safety aspects of this equivalence table. Any discrepancies found in the equivalence table will be rapidly remedied in the interest of providing for safe operation upon and exchange of patient data. [1-3]</p> <p>3. All internal terminology content that does not have a clinically equivalent transformation to an external standard will be part of a backlog tracker, where content in the tracker will be planned for modeling and contribution to an appropriate standard, so that we maintain clinical equivalence in exchange of data with external care partners. [1-3]</p>	Final			
VA-NF-T37	Informatics - Content Management	VHA must be able to create, modify, maintain, publish, monitor and govern clinical content of all types including terminology, ECA rules, order sets, documentation templates, clinical pathways, guidelines, work flows and governance at enterprise scale. All artifacts must be versioned and their interdependencies known and agily managed. To achieve these goals, integrated tooling for knowledge engineering and knowledge management are required. [1-3]	<p>1. The system will include tooling to create, curate, maintain, publish and manage terminology, ECA rules, order sets and documentations templates including STAMP versioning of each content type [1-3]</p> <p>2. The system will include an integrated tooling suite to create, curate, maintain, publish and manage terminology, ECA rules, order sets and documentations templates [1-3]</p> <p>3. The system will include an integrated tooling suite with dependency tracking to create, curate, maintain, publish and manage terminology, ECA rules, order sets and documentations templates [1-3]</p> <p>4. Additional content types will be added to the Knowledge engineering environment [1-3]</p>	Final			



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VA-NF-T38	Informatics - Content Management	VHA must be able to "mass customize" ("localization") clinical content to meet local needs without inducing undesirable variation in enterprise assets such as coded clinical observations from the point of care. Controlled mass customization should be achieved by creating tools that separate concerns, respect architectural layers, support versioning and dependency management, and have the ability to classify artifact subcomponents into categories of permitted variation. [NOW]	1. The tool should be able to mass customize an order based on availability and allocation of resources. [NOW] 2. The tool should be able to mass customize an order based on local medication formulary. [NOW] 3. The tool should be able to mass customize a documentation template based on local information requirements such as an ongoing research study [NOW] 4. The tool should be able to mass customize an ECA rule where the prior probability of conditions may vary geographically [NOW] 5. The tool should support additional types and classes of mass customization [NOW +]	Final			
VA-NF-T39	Informatics - Workflow	VHA must be able to develop, extend and bi-directionally share standards-based care protocols and workflows with external care partners in order to improve care quality, care consistency and enhance VHA's ability to come into compliance with best-practices in a more timely and accurate way. Expected industry standards such as BPMN, CMMN, DMN (Process Continuity, Quality, Safety Value) KSR6 [ >3]	Demonstrate the ability to ingest care processes expressed in standards such as BPMN, CMMN, and/or DMN either directly imported or indirectly used to create intra-product workflows within the EHR. [ >3]	Final			
VA-NF-T40	Informatics - Workflow	VHA requires CDS that is designed using a reference taxonomy of its choosing, such as The Reference Taxonomy of Clinical Workflows or the Clinical Care Ontology that provides a common set of terms to CDS designers and implementers to support communication about CDS and its use in clinical workflows. (CDS) DLM9 [1-3]	1. Reminders, such as the VA colorectal cancer screening reminder, will be linked to VA care processes via the clinical care ontology and into at least one standards-based (eg BPM CMN DMN) modeled workflow such as a primary care scheduled visit. [1-3] 2. These artifacts will be searchable and will be easily shared with clinical subject matter experts. [1-3]	Final			
VA-NF-T41	Informatics - Workflow	VHA requires CDS tools and repositories, to enable workflow-related organization and searches. (CDS) DLM10 [NOW +]	. The system will permit searches for CDS artifacts including ECA rules, order sets and documentation templates for at least one standards-based (eg BPM CMN DMN ) modeled workflow such as a primary care scheduled visit. [1-3] 2. The system shall show an updated search result based on the addition of one or more CDS artifacts to the chosen workflow [1-3]	Final			
VA-NF-T42	Informatics - Workflow	VHA requires CDS tools that are tagged with terms from a reference taxonomy of its choosing, such as The Reference Taxonomy of Clinical Workflows or the Clinical Care Ontology, to inform practices about the intended use of CDS. (CDS) [1-3]	1. Reminders, such as the VA colorectal cancer screening reminder, will be linked to VA care processes via the clinical care ontology and into at least one standards-based (eg BPM CMN DMN) modeled workflow such as a primary care scheduled visit. [1-3] 2. These artifacts will be searchable and will be easily shared with clinical subject matter experts. [1-3]	Final			
VA-NF-T43	Informatics - Workflow	VHA requires CDS that is implemented using maps of workflows that have been developed using a reference taxonomy of its choosing, such as The Reference Taxonomy of Clinical Workflows. (CDS) DLM12 [1-3]	1. Reminders, such as the VA colorectal cancer screening reminder, will be linked to VA care processes via the clinical care ontology and into at least one standards-based (eg BPM CMN DMN) modeled workflow such as a primary care scheduled visit. [1-3] 2. These artifacts will be searchable and will be easily shared with clinical subject matter experts. [1-3]	Final			

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VA-NF-T44	Informatics - Quality and Value	VA must be able to support, identify and continuously advance best practices in Veteran's Care including conditions such as PTSD, TBI, MST, and Suicide Prevention (Quality, Safety, Value, Innovation) SHB5 [NOW +]	1. The system will implement versioned standards-modeled workflows linked to standards-based CDS artifacts (documentation templates, ECA rules, order sets) composed of concepts from standard terminologies (e.g. SNOMED) collecting standards encoded data from care processes for one of: PTSD, TBI, Suicide Prevention. [>3] 2. The resulting versioned standards-based patient instance and process data shall be query-able via standard methods such as SQL. [1-3] 3. A updated collection of versioned artifacts addressing the same condition shall be implemented and the earlier versions shall be retired. [NOW]	Final			
VA-NF-T45	Informatics - Quality and Value	VHA must employ enterprise-wide value-based analytics and management to guide investment across the health system. This includes the capability to identify and analyze individual and population health outcomes and to model costs at the individual and system levels utilizing Time-Driven Activity Based Costing. To achieve this, VHA's EHR must be able to manage, collect and re-use enterprise-wide standards-based clinical data. Value-based methods also require VHA to manage and track healthcare activities, including activity resource inputs (e.g., personnel, it systems, materials) and activity delivery time-capture. DM1 [NOW +]	1. The system will be able to collect and display time data for procedures represented by CPT [NOW +] 2. The system will be able to collect and display time data for non-CPT activities [NOW +] 3. The system will be able to model resources required for procedures. [NOW +]	Final			
VA-NF-T46		<del>The system shall support provenance (chain of custody or ownership) and pedigree (processing history how the data was produced or incorporated) and enable identification, collection, and production of data according to source, custody and ownership and display of data in business, logical, legal or physical models.</del>		Final			

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VA-NF-113		The vendor shall provide a solution to archive the complete medical record from VistA (need to identify all of the components from within the VistA product) The archiving solution shall place the legacy data in a relational database The solution shall provide a link/API access from an individual patients Cerner Millennium chart to the patients archived record The archiving solution shall be searchable by account IDs, name, social security number, or data source The archiving solution shall be capable of archiving patient records from the Cerner Millennium system	Record Control Schedule with NARA: For VHA, the electronic health records covered under the Privacy Act SORN, 24VA10P2, are temporary records with a requirement for destruction or deletion 75 years after the last episode of patient care (N1-15-02-3, Item 3). Once the electronic health records reach 3 years of inactivity the record can be archived. <ul style="list-style-type: none"><li>Archived records must meet NARA Requirements and the agency record control schedule.</li><li>NARA Definition of Archives: The noncurrent records of an organization or institution preserved because of their continuing value. The Archivist of the US determines the continuing value of records per the record control schedule approval process.</li><li>Archived records must have the ability to be recovered and returned to full status in the operational system as needed and upon request (e.g., patient returns to VA for care).</li><li>Archived records must reflect the original version and cannot be altered in a manner that prevents reincorporation into the operational system. Data integrity must be maintained.</li><li>Archived records must be returned to full status in the operational system in a sufficiently efficient timeframe to meet clinical care needs. (e.g., emergency care after 3 years of inactivity)</li><li>Archived records may be handled through tiered storage.</li></ul>	Final			
VA-NF-B04		For COOP/DR: The system shall be able to identify what images exist, and which of those are in the cache, when a medical center is disconnected from Cerner Data Center.	7/24 or other local solution must contain a database pointer table that can re-direct to local cache instead of CAMM and allow access to locally-stored images. It will also indicate whether or not an image has been taken if the image is not stored locally (metadata only).	Final			

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	508 Compliance									
VA-NF-222	508 Compliance	The system shall be 100% compliant with the 2017 revisions for INFORMATION AND COMMUNICATION TECHNOLOGY PROCUREMENTS (SECTION 508), Section 508 of the Rehabilitation Act of 1998, as amended, 29 USC 794(d) and the requirements outlined in the Performance Work Statement. The contractor shall ensure employees with disabilities are offered the same training opportunities via equivalent access and that the training environment is accessible to those with disabilities and the electronic training materials meet section 508 requirements. When documentation is only provided in non-electronic formats, alternate formats usable by people with disabilities shall be provided by material originator upon request.	The Section 508 standards established by the Architectural and Transportation Barriers Compliance Board (Access Board) are incorporated into, and made part of all VA orders, solicitations and purchase orders developed to procure Information and Communication Technology (ICT). These standards are found in their entirety at: <a href="http://www.section508.gov">http://www.section508.gov</a> and <a href="https://www.access-board.gov/guidelines-and-standards/communications-and-it/about-the-ict-refresh/final-rule/text-of-the-standards-and-guidelines">https://www.access-board.gov/guidelines-and-standards/communications-and-it/about-the-ict-refresh/final-rule/text-of-the-standards-and-guidelines</a> . A printed copy of the standards will be supplied upon request.	Final	36706	Usability	DEA.040201 Human Interface (767938)	Ellen Crowe		
	Access Management									
VA-NF-6	Access Management	The system shall conform to both DoD and VA standardized access management methods	Access Methods implementation will be different for VA. Cerner will need to integrate to VA's Enterprise IAM services (SSOi, Provisioning, etc..)	Final	36656	Compatibility	EHRM Lead	Cindy Bias		
VA-NF-7	Data Access	The system shall support the ability to access data elements using open standard-based interfaces including legacy data	With the data migration plan and VA adding HealthIntent to its scope we believe longitudinal patient data interfaces will need to be available and secured using PKI bi-mutual Authentication of a trusted system or a SAML non-person entity token.	Final	10	Compatibility	EHRM Lead	Cindy Bias		
VA-NF-8	Information Access	The system shall initially provide role-based access and allow for finer grained access in the future	Attribute based access on people, places, context, environmental to view specific patient record elements and take action on certain functions in the application	Final	36670	Security	EHRM Lead	Cindy Bias		
VA-NF-9	PKI Infrastructure	The system shall use VA-approved public key infrastructure (PKI) certificates in PKI-based identity authentication processes for component business and mission processes	VA uses a different PKI infrastructure than DoD. Cerner will need to support both	Final	36686	Security	EHRM Lead	Cindy Bias		
VA-NF-10	User Configuration	The system shall enable role configuration to fit VA business needs	Role management and configuration needs to be robust enough to fit VA's unique business needs for providing right access to the right person in the field.	Final	36698	Security	EHRM Lead	Cindy Bias		
VA-NF-11	User Login - PIV	The system shall provide the ability of the user to log in to the system via a VA PIV card and/or use the VA's Authentication service and trusted token	Direct PIV auth will require integration to OCSP responders and binding to attribute on certificate; if VA's Authentication service will provide a SAML token and binding will occur on token attributes	Final	36699	Security	EHRM Lead	Cindy Bias		
VA-NF-38	User Provisioning	The system shall be able to provision and de-provision users into Cerner Active Directory and Applications both manually and automated with VA's Enterprise provisioning service.	Integration to VA's IAM Provisioning service using SPML and having a fallback manual provisioning process to add users to the right applications with the right roles/permissions	Final	38497	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-43	Single Sign-On	The system shall allow users access to multiple applications using a single means of authentication maintaining User context across all Cerner applications (e.g., valid DoD CAC/ VA PIV combined with personal identification number	This is an SSO requirement, not forcing users to input PIN at every application. Using the VA's authentication Service token should allow for this. Maintaining User Context with related patient context is huge.	Final	45884	Usability	EHRM Lead	Cindy Bias		



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VA-NF-45	Identity - Joint Legacy Viewer	The system shall integrate Joint Legacy Viewer connectivity (e.g., launch button) with the EHR solution, to include context management using the user ID, patient ID, and patient encounter	VA users and not all patients will have EDIPI.	Final	170452	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-47	Self Service Credentials	Self Service applications shall allow for federated credentials to be used to access the system	VA uses several different credentials (ID.me, DS-Logon, USAA, VA CSP) to allow Veterans to access using the credential they have	Final		Usability	EHRM Lead	Cindy Bias		
VA-NF-48	Self Service Authentication	Self Service applications shall allow for authentication from VA authentication service	VA IAM offers SSOe to proxy users or can provide a SSO STS token. The VA also has authentication service provided behind VETS.gov that could be used.	Final		Compatibility	EHRM Lead	Cindy Bias		
VA-NF-49	Patient Context	Maintain patient context throughout all Cerner applications and SSO sessions	Patient context management service between all Cerner apps; needs to work in conjunction with SSO user context	Final		Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-50	User Logon - TAP	After initial 2 factor authentication, a user shall be allowed to use TAP to resume session	From Cerner: Need clarification and additional use cases from VA due to the large technical gap with 2 factor authentication with existing Cerner TAP capabilities.	Final		Security	EHRM Lead	Cindy Bias		
VA-NF-51	Emergency Access Non-Two Factor Authentication	The system shall support a temporary non-two factor authentication for emergency situations	This might be solved with an SSOi integration that would support AD auth and pass authentication token	Final		Security	EHRM Lead	Cindy Bias		
VA-NF-55		<del>The system shall allow for an automated way to provision and deprovision users into the Cerner Active Directory and all Cerner Application</del>		Final		Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-56	Account Disable	The System shall provide the ability to disable user accounts after a configurable time period of inactivity and manually at any point to prevent	The time period would run as a batch job. Manual would allow administrators to put a user hold to prevent access at any time 24/7	Final		Security	EHRM Lead	Cindy Bias		
VA-NF-58	Security Audit	The system shall audit all access control functions (i.e. authentication, authorization events, log on attempts, etc..)	This should be covered by NIST 800-53 controls	Final		Security	EHRM Lead	Cindy Bias		
VA-NF-39	Web Application Identity Management And access management	The web applications for the system shall implement identity management and access management	Web applications shall be implemented with enterprise identity and access services the same as the thick client/Citrix XenApp applications.	Final	38498	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-46	Self Service Applications	The self-service/patient portals shall implement identity management and access management	All IAM requirements apply to self service apps. User Credentials, authentication will be	Final		Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-S03	Re-Authentication	The system shall be able to re-authenticate a user based on business needs (I.E. – electronic signature of basic orders or other types of system transactions.	This is for revetting the user and capturing their electronic acknowledgement of a transaction. (non-level 2 controlled substances that require digital signature) Business may choose to allow e-signature acknowledgement in lieu of this requirement. SSOi has a re-authentication call back in its integration patterns.	Final		Functional Suitability	EHRM Lead	Cindy Bias		
	Data Management									



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VA-NF-113		<p>The vendor shall provide a solution to archive the complete medical record from VistA (need to identify all of the components from within the VistA product) The archiving solution shall place the legacy data in a relational database The solution shall provide a link/API access from an individual patients Cerner Millennium chart to the patients archived record The archiving solution shall be searchable by account IDs, name, social security number, or data source The archiving solution shall be capable of archiving patient records from the Cerner Millennium system</p>	<p><del>Record Control Schedule with NARA: For VHA, the electronic health records covered under the Privacy Act SORN, 24VA10P2, are temporary records with a requirement for destruction or deletion 75 years after the last episode of patient care (N1-15-02-3, Item 3). Once the electronic health records reach 3 years of inactivity the record can be archived. Archived records must meet NARA Requirements and the agency record control schedule.</del></p> <p><del>o NARA Definition of Archives: The noncurrent records of an organization or institution preserved because of their continuing value. The Archivist of the US determines the continuing value of records per the record control schedule approval process. Archived records must have the ability to be recovered and returned to full status in the operational system as needed and upon request (e.g., patient returns to VA for care).</del></p> <p><del>o Archived records must reflect the original version and cannot be altered in a manner that prevents reincorporation into the operational system. Data integrity must be maintained.</del></p> <p><del>o Archived records must be returned to full status in the operational system in a sufficiently efficient timeframe to meet clinical care needs. (e.g., emergency care after 3 years of inactivity)</del></p> <p><del>o Archived records may be handled through</del></p>	Final		Security	FFRDC - MITRE	Jack Bates		
VA-NF-134	Data Write Back to Legacy Systems	The system shall support integration with a data syndication mechanism to write back data to VA Legacy systems	Changed language from "shall provide" to "shall support integration with". The current strategy is to utilize VA COTS InterSystems HealthShare as the mechanism for write back.	Final		Functional Suitability	Contractor - BAH	Jack Bates		
VA-NF-137	Tape Backup and Long Term Storage	The system shall support capability for encrypted back up to tape and long term storage, per VA mandate.		Final		Functional Suitability	Contractor - BAH	Jack Bates		
VA-NF-175	VA Data Model	The system shall conform to the VA EA Enterprise Logical Data Model (ELDM)		Final		Functional Suitability	DEA.04.01.01 Enterprise Data (767919)	Jack Bates		
	Identity Management									
VA-NF-5	Identity Management	The system shall use VA standardized identity management framework	Interfacing will include DoD DMDC PDWS (DEERS) and VA MVI services	Final	36655	Compatibility	EHRM Lead	Cindy Bias		
VA-NF-13	Patient Identity - Identifier	The system shall use the DoD Identifier as the uniform person identifier with the VA ICN as an association	Modified to add ICN as associated ID	Final	38432	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-15	Patient Identity - Synchronization	The system shall be able to synchronize all patient identities to the enterprise Identity Management System (i.e., DEERS, MVI)	Added MVI	Final	38434	Security	EHRM Lead	Cindy Bias		
VA-NF-17	Patient Identity - Patient Identifier	The system shall be able to retrieve patient identity information (i.e. name, DOB, gender) from the enterprise Identity Management System (i.e., DEERS, MVI) using the DoD Identifier (aka EDI_PI) or ICN	Added i.e. as there other traits besides name, DOB, gender that will be required for retrieval, added MVI, added ICN	Final	38436	Functional Suitability	EHRM Lead	Cindy Bias		

Ref #	Capabilities	Definition	RTM Clarification	VA Status	DoD Ref (If Applicable)	Type / Category (ISO/IEC 25010:2011)	Source	VA Owner	Met/Not Met (Cerner Field)	Solution Name (Cerner Field)
VA-NF-18	Patient Identity - Person Identifier	The system shall be able to retrieve patient identity information (i.e. name, DOB, gender) from the enterprise Identity Management System (i.e., DEERS, MVI) using alternate identity traits or alternate person identifiers (e.g., SSN, TIN, FIN, ICN, SecID, DFN, etc.)	Added i.e. as there other traits besides name, DOB, gender that will be required for retrieval, added MVI, added ICN, removed DOB, modified to say "alternate identifiers" and updated the examples to include DFN.	Final	38437	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-19	<del>Patient Identity - Additional Traits</del>	<del>The system shall be able to display returned additional candidate traits to assist the operator in selecting the correct patient from the list of search candidates</del>		Removed	38439	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-20	Patient Identity - Primary Search	The system shall conduct the primary patient search against the enterprise Identity Management System (i.e., DEERS, MVI)	Added MVI, VA and DoD will provide a joint search mechanism - see 36655	Final	38441	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-21	Patient Identity - Card Scan	The system shall be able to obtain the DoD or VA Identifier by scanning the patient's DoD or VA Identification Cards (barcode)	Added VA	Final	38442	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-22	<del>Patient Identity - Trait Update</del>	<del>The system shall be able to enforce an identity-trait update authorization code</del>		Removed	38444	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-23	Patient Identity - Trait Retrieve	The system shall retrieve identity traits from the enterprise Identity Management System (i.e., DEERS, MVI) prior to updating patient traits	Added MVI	Final	38445	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-24	Patient Identity - Patient Search	When communications allow, the system shall enforce a search to the enterprise Identity Management System (i.e., DEERS, MVI) prior to adding a new patient	Added MVI	Final	38446	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-25	Patient Identity - Add Patient	The system shall be able to add a patient to the enterprise Identity Management System (i.e., DEERS, MVI)	Added MVI	Final	38447	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-27	Patient Identity - Maintenance Notifications	The system shall consume identity maintenance notifications from the enterprise Identity Management System (i.e., DEERS, MVI)	Added MVI	Final	38451	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-28	<del>Patient Identity - Identity Updates</del>	<del>The system shall apply identity updates from the identity maintenance notifications</del>		Removed	38452	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-29	Patient Identity - DoD Identifier	When the enterprise Identity Management System (i.e., DEERS, MVI) is not available, the system shall add patients using the DoD or VA Identifier, if it is available from a reliable source (e.g., from an ID card)	Added MVI, Added VA	Final	38453	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-30	Patient Identity - Interim Identifier	When the enterprise Identity Management System (i.e., DEERS, MVI) is not available and no reliable source for the DoD or VA Identifier is offered, the system shall use an enterprise-unique Interim Patient Identifier	Added MVI, Added VA	Final	38454	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-31	Patient Identity - Added Synchronization No Comm	The system shall synchronize all Interim Patient Identifiers added during a loss of connectivity once connectivity to the enterprise Identity Management System (i.e., DEERS, MVI) is	Modified to correlate with DoD DOORS# 38454 language, added MVI	Final	38455	Reliability	EHRM Lead	Cindy Bias		
VA-NF-32	Patient Information - Retrieve	The system shall be able to retrieve patient contact information (e.g., addresses, phone numbers, email) from the VA enterprise system using the VA or DoD Identifier	VA has a different enterprise system other than identity that manages patient contact information. Modified to include VA	Final	38458	Compatibility	EHRM Lead	Cindy Bias		
VA-NF-33	Patient Registry Info - Retrieve	The system shall be able to retrieve patient registry information (e.g., preferred language, religion, next of kin) from the VA enterprise System using the VA or DoD Identifier	VA has a different enterprise system other than identity that manages patient registry information. Modified to include VA	Final	38462	Compatibility	EHRM Lead	Cindy Bias		
VA-NF-34	Patient Eligibility - Retrieve	The system shall be able to retrieve patient eligibility information (e.g., Dates of Coverage, allowed coverage - direct care, dental, network, pharm and current beneficiary status) from the VA enterprise System using the VA or DoD	VA has a different enterprise system other than identity that manages patient eligibility information. removed DoD specific examples, Added VA or DoD Identifier	Final	38466	Compatibility	EHRM Lead	Cindy Bias		

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VA-NF-35	Patient OHI - Retrieve	The system shall be able to retrieve patient commercial health insurance information from the VA enterprise system using the VA or DoD	VA has a different enterprise system other than identity that manages patient eligibility information. Added VA or DoD Identifier	Final	38468	Compatibility	EHRM Lead	Cindy Bias		
VA-NF-40	<del>Patient Identity - VA Card Scan</del>	<del>The system shall be able to obtain the DoD Identifier and VA's ICN by scanning the patient's VA Identification Cards (barcode)</del>	<del>Duplicate of VA-NF-40  Card scan needs to pull both identifiers</del>	Removed	40517	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-41	<del>Patient Identity - Manual Entry</del>	<del>The system shall be able to accept the DoD identifier and/or other key identity traits by manual</del>	<del>VA will require searches based on a wider variety of identity traits to be entered manually.</del>	Removed	40518	Functional Suitability	EHRM Lead	Cindy Bias		
VA-NF-42	Patient Identity - Updated Synchronization No Comm	The system shall synchronize all identities updated during a loss of connectivity once connectivity to the enterprise Identity Management System (i.e., DEERS; MVI) is	Need to include MVI synchronization in downtimes	Final	40519	Reliability	EHRM Lead	Cindy Bias		
VA-NF-52	External Patient Identifier Management for exchanges	The system shall support the matching of External Patient IDs coming in through eHealth Exchange/CommonWell and other community partner systems.	This needs to support data coming in from the community (non-VA and DoD systems) and match to existing records in HealthIntent	Final		Compatibility	EHRM Lead	Cindy Bias		
VA-NF-T77	Referral UID	All information exchange related to a referral will maintain the unique referral identifier.	Sent over from Functional Requirements team for incorporation into Non-Functional RTM.	Final		Functional Suitability	Functional	Cindy Bias		
	Information Assurance / Security									
VA-NF-165	Hardware-accelerated Encryption	The system shall enable the use of hardware-accelerated encryption	Recommend remove from RTM, addressed in RHO scope document. Need Paragraph Reference prior to removal. Rene'---> Not until RHO doc final...	Final	40497 36659 38504 36658	Security	VA Enterprise Design Patterns: Interoperability and Data Sharing, Data Storage v1.0	Casey Johle		
VA-NF-167	Encryption at Scale	The system shall enable the use of key management technologies to facilitate encryption at scale	Recommend remove from RTM, addressed in RHO scope document. Still outstanding – Critical facilities section has comment for Cerner to address EKMS Rene'---> Not until RHO doc final...	Final		Functional Suitability	VA Enterprise Design Patterns: Interoperability and Data Sharing, Data Storage v1.0	Casey Johle		
VA-NF-T112	<del>Data Encryption</del>	<del>The system shall support the encryption of Controlled Unclassified Information (CUI) Data at Rest for all system data</del>	All data stored by the system is encrypted using approved VA encryption methods	Removed	38504	Security		Casey Johle		
VA-NF-170	Data Access Layer	The system shall have application logic access and data managed via a data access layer or established data services instead of directly accessing the database		Final		Security	DEA.04.02.03 Data Handling (767864)	Casey Johle		
VA-NF-171	Application Logic	The system shall have application logic that does not need database implementation details (e.g., data base URLs, internal file formats, schema information)		Final		Security	DEA.04.02.03 Data Handling (767864)	Casey Johle		
VA-NF-189	Systems Monitoring and Alerts - Common Services	The system shall implement common services for logging, error handling, monitoring/alerting.	Recommend removal from RTM, addressed in PWS 7.1.4. Rene'---> No, not 7.1.4, need correct reference to adjudicate	Final	36665-ID 40514-Track	Functional Suitability	Contractor - BAH	Casey Johle		



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VA-NF-T105	Systems Monitoring and Alerts - Capacity Planning	The system shall provide performance monitoring data suitable for capacity planning and projections at a configurable interval with no more than a 12 hour delay from real time.	The environment shall be validated to support the performance monitoring requirements via live production monitoring.  Recommend remove from RTM, addressed in RHO scope document Rene'---> Not until RHO doc final... Need paragraph reference	Final		Performance Efficiency	Capacity Performance Engineering Division/EPMO	Kelly, Ed		
VA-NF-T106	<del>Systems Monitoring and Alerts—Compliance Evaluation</del>	<del>The system shall provide monitoring data suitable for evaluating compliance with any defined performance requirements.</del>	The environment shall be validated to support the performance monitoring requirements via live production monitoring.  Recommend remove from RTM, addressed in RHO scope document  Covered in Proposed Response Time Commitment and Remedy Page 47	Removed		Performance Efficiency	Capacity Performance Engineering Division/EPMO	Kelly, Ed		
VA-NF-207	<del>FIPS 140-2 Data Encryption</del>	<del>Solution shall support FIPS 140-2 encryption for data at rest and data in transit</del>	Recommend remove from RTM, addressed in RHO scope document  Covered in b.6 security (Data in Transit) and Critical Facilities (Data at Rest)	Removed	36658, 36659, 38504, 40497	Security	VA Enterprise Design Patterns: Interoperability and Data Sharing, Data Storage v1.0	Casey Johle		
VA-NF-208	<del>In-Memory Data Security</del>	<del>Solution shall observe operating system security for data stored in memory</del>	Recommend remove from RTM, is validated by SCQC and should be handled in PWS 5.4 rather than here and referenced in PWS 5.4 Rene'---> agree remove	Removed	36671	Security	VA Enterprise Design Patterns: Interoperability and Data Sharing, Data Storage v1.0	Casey Johle		
VA-NF-214	<del>IP Addresses</del>	<del>Application code shall be free of hard-coded IP addresses</del>		Removed	36683	Functional Suitability	DEA.04.04.07 Infrastructure Standards (767850)	Casey Johle		
VA-NF-T01	<del>Access Control</del>	<del>The system shall lock after a specified period of inactivity regardless of how the system is accessed in accordance with VA Cybersecurity controls.</del>	Recommend remove from RTM, addressed in RHO scope document Rene'---> agree remove, actually in PWS 5.4	Removed	36448	Security	EHRM Lead	Casey Johle		
VA-NF-T02	Approved Software (SW) List	The system shall be compliant with VA approved software	This requirement applies to any software that is installed on a VA network, and would exclude software hosted on a Cerner network and hosted via Citrix Access Gateway (which is VA approved software). Please Reference: One-VA Technical Reference Model (TRM) <a href="http://trm.oit.va.gov/#">http://trm.oit.va.gov/#</a>	Final	2	Security	EHRM Lead	Casey Johle		
VA-NF-T03	Data Encryption - Mobile Device	The system shall employ full-device encryption or container encryption to protect the confidentiality and integrity of information on mobile devices.	VA Handbook 6500 <a href="https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=793&amp;FTYPE=2">https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=793&amp;FTYPE=2</a>	Final	40497	Security	EHRM Lead	Casey Johle		

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VA-NF-T05	Technical Event Management - Identify	The system shall, at a minimum, generate audit records for the following events when technically possible: Actions of system administrators and operator; production of printed output; new objects and deletion of objects in user address space; security-relevant events; system configuration activities and events; events relating to use of privileges; all events relating to user identification and authentication; and the setting	VA Handbook 6500 <a href="https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=793&amp;FType=2">https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=793&amp;FType=2</a>	Final	36665	Security	EHRM Lead	Casey Johle		
VA-NF-T06	Hosting	The system shall comply with the requirements for a "Cloud First" policy as established by the Federal CIO. The CIO has required Agencies to evaluate the feasibility of a cloud service prior to hardware and software acquisition.	VA Directive 6517 <a href="https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=852&amp;FType=2">https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=852&amp;FType=2</a>  Cerner: Recommend remove from RTM, Cloud services requirements are not in scope and removed from PWS. Cerner is not providing a cloud. Rene'---> No can do...it is an OMB policy at the Executive Branch level... I suggest we include but we waive the requirement at the CIO level due to D&F/DOD national security best interest type verbiage...	Final	21	Security	EHRM Lead	Casey Johle		
VA-NF-T08	Interoperability	The system shall meet the NIST high-baseline-impact level in order to obtain at ATO (VA Risk-Management Framework).	VA Handbook 6500 <a href="https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=793&amp;FType=2">https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=793&amp;FType=2</a>	Removed	36671	Security	EHRM Lead	Casey Johle		
VA-NF-T12	Wireless LAN Communication	The system shall support wireless local-area network communication in accordance with VA wireless policy	VA Handbook 6500 <a href="https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=793&amp;FType=2">https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=793&amp;FType=2</a>  Recommend remove from RTM as this is not a provided service.	Final	36702	Security	EHRM Lead	Casey Johle		
	Interoperability									
VA-NF-142	Interoperability - SOAP Implementation	SOAP-based service implementations shall follow WS Interoperability Basic Profile, and WS Interoperability Basic Security Profile standards		Final		Compatibility	DEA.04.03.02 Messaging Standards (767863)	KC Mahesh		
VA-NF-143	Interoperability - XML Schema	XML messages shall conform to an XML definition written in accordance with XML Schema v1.0, XML Schema v1.1, Schematron or the latest DISR accepted version		Final		Compatibility	DEA.04.03.02 Messaging Standards (767863)	KC Mahesh		
VA-NF-144	Interoperability - ReST Message Conformance	ReST messages shall conform to W3C guidance		Final		Compatibility	DEA.04.03.02 Messaging Standards (767863)	KC Mahesh		
VA-NF-177	Interoperability - Data Standards	The system shall support the use of the health data standards identified in the VA DoD Health Information Technical Standards Profile and by the VA DoD Interagency Clinical Informatics board, including following common data standards: National Information Exchange Model NIEM; Health Level 7 HL7; Logical Observation Identifiers, Names and Codes LOINC; Systematized Nomenclature of Medicine SNOMED; RxNorm, MedRT, ICD, CPT, HCPCS, Veteran Information Model VIM; and Healthcare Information Technology Standards Panel HITSP as well as VA/DOD/IPO extensions to these	Cerner follows all of the common data standards with exception of the HITSP and Veteran Information Model, need clarification.	Final	38546 38551 36707	Compatibility	DEA.04.01.01 Enterprise Data (767919)	KC Mahesh		

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VA-NF-T51	Health Information Exchange	System must be capable of generating the following cCDA document types Care Plan including Home Health Plan of Care (HHPoC), Consultation Note, Continuity of Care Document (CCD), Diagnostic Imaging Reports (DIR), Discharge Summary, History and Physical (H&P), Operative Note, Procedure Note, Progress Note, Referral Note, Transfer Summary, Unstructured Document, Patient Generated Document (US	C-CDA Release 2 implementation guide, in conjunction with the HL7 CDA Release 2 (CDA R2) standard, is to be used for implementing the stated CDA documents and header constraints for clinical notes.	Final	38546	Functional Suitability	EHRM Lead	KC Mahesh		
VA-NF-T52	Health Information Exchange	The system must be capable of bidirectional data exchange with eHealth Exchange, CareQuality		Final	38554	Compatibility	EHRM Lead	KC Mahesh		
	Pharmacy									
VA-NF-T53	Pharmacy - Multiple DEA Numbers	The system shall provide the capability to enter, display, edit, and report multiple DEA numbers per prescriber		Final		Functional Suitability	EHRM Lead	Donna Ellis		
VA-NF-T54	Pharmacy - Institutional DEA Numbers	The system shall provide the capability to enter, display, edit, and report institutional DEA		Final		Functional Suitability	EHRM Lead	Donna Ellis		
VA-NF-T55	Pharmacy - DEA assignment based on location	The system shall provide logic to assign the correct DEA number to a prescription based upon prescriber location.		Final		Functional Suitability	EHRM Lead	Donna Ellis		
VA-NF-T56	Pharmacy - PDMP state mandated transmissions	The system shall support transmission of state mandated data elements for controlled substances dispensed to the PDMP of the state of the pharmacy where the prescription was generated no less than once each night.		Final		Functional Suitability	EHRM Lead	Donna Ellis		
VA-NF-T57	Pharmacy - PDMP tranmission by status	The system shall support filtering and restricting PDMP transmissions by Veteran status.		Final		Functional Suitability	EHRM Lead	Donna Ellis		
VA-NF-T58	Pharmacy - MULTUM licenses	The vendor shall provide licenses and professional services for MULTUM for VistA sites so the VA can have a consolidated drug database system. The vendor will provide an accessible and computatle, and up-to-date equivalence table matching each MULTUM medication code with a clinically equivalent RxNorm code.	Recommend remove from RTM- or provide verbiage for a system requirement. Multumn Deployment detail is in PWS.	Final		Functional Suitability	EHRM Lead	Donna Ellis		
VA-NF-T66	Pharmacy - Remaining Refills	The system shall not require pharmacists to manually re-enter prescriptions that have remaining refills during transition. Existing prescriptions with remaining refills will be available in Cerner and actionable.		Final		Functional Suitability	EHRM Lead	Donna Ellis		
	Reliability / Scalability / Maintanability									
VA-NF-T78	Critical Care	Includes Critical Care - automated workflows and documentation supporting critical care multi-disciplinary teams; Device Connectivity - automated collection of medical data from medical devices to ensure right data, right format,	Sent over from Functional Requirements team for incorporation into Non-Functional RTM.	Final	36695-Workflow 36673-medical device	Functional Suitability	Functional	Marilyn Hodge		
VA-NF-T107	Disaster Recovery	<del>The system shall met disaster recovery requirements which specify both RTO and RPO requirements as measured by DR tests (annual).</del>	Current Mission Critical Systems in VA like Heathh Data Repository is 12 hours Recovery Time Objective. 2 hours Recovery Point Objective.  Recommend remove from RTM, addressed in RHO scope document and PWS 5.3.1 Agreee – RPO and RTO are clearly defined in RHO	Removed		Performance Efficiency	Capacity Performance Engineering Division/EPMO	Kelly, Ed		

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VA-NF-160	Change Management	The system shall provide a documented test solution for any platform/application iteration that introduces changes with the potential to impact end-user performance or compute and storage resources	Cerner: Recommend removal from RTM, not a system requirement, see change mgmt services referenced in PWS 5.5.8. and 5.5.8.1. VA: Recommend to keep: 5.5.7 (pre. 5.5.8) refers to OCM for VA employees. This refers test and eval / configuration mgmt. for changes made to the system.	Final		Maintainability	DEA.04.04.06 Capacity and Scalability (767971)	Marilyn Hodge		
VA-NF-151	Solution Scalability	The system shall support both horizontal and vertical solution scalability.		Final	36679 36680 36692 38600 38604 38605 38606 38607 38616 38617 38618 38619 38620 38621	Portability	DEA.04.04.06 Capacity and Scalability (767971)	Marilyn Hodge		
	Synchronization: Low-Comm / No-Comm									
VA-NF-118	Low-Comm / No- Comm: Home Health	The system shall have the capability to document vitals, encountering/procedure codes, labs, orders, and medications offline, and synch up later for Home Health.	Need clarification and additional use cases from VA due to the technical gap.  VA requirements that need to be addressed by low-comm or no-comm:  * Natural disaster deployment (possible theater configuration for deployment) * Home health care (sat comm truck) requirement * Homeless care (mobile users on foot)	Final	40513	Functional Suitability	FFRDC - MITRE	Denise McLain		
	Imaging									
VA-NF-B04		<del>For COOP/DR: The system shall be able to identify what images exist, and which of those are in the cache, when a medical center is disconnected from Cerner Data Center.</del>	<del>7/24 or other local solution must contain a database pointer table that can re-direct to local cache instead of CAMM and allow access to locally stored images. It will also indicate whether or not an image has been taken if the image is not stored locally (metadata only).</del>	Final						
	Interoperability - Dr. Nebeker									
VA-NF-Z02	FHIR	System shall support the generation of FHIR resources in multiple versions in parallel (e.g.: DTSU 1.0, DTSU V2.0)		Final			VA Lead	Dr. Jonathan Nebeker		
VA-NF-Z03	Consent	The system shall meet 45 CFR 170.315 (b)(7-8)		Final			VA Lead	Dr. Jonathan Nebeker		
VA-NF-Z04	Consent	The system will be able to manage all manner of consent "decrees" placed by Veterans and their providers. Including: Consent to share all documents, restriction of certain types of documents, restriction of partners with whom documents can be shared, revocation of consent		Final			VA Lead	Dr. Jonathan Nebeker		



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VA-NF-Z05	Consent	The system will be able to support future conversions from one consent methodology to another, ie from opt-in to opt-out.		Final			VA Lead	Dr. Jonathan Nebeker		
VA-NF-Z06	Consent	System shall provide a means for patients to fill in, digitally sign (VA approved signature service), and submit electronic consent directives for chart		Final			VA Lead	Dr. Jonathan Nebeker		
VA-NF-Z07	Consent	System shall handle interfaces with external products for capture, storage, receipt and implementation of consent directives to enable Veteran online consent management from a number of different locations and interfaces, including kiosks, home pc's and the eBenefits portal. These only authorization will automatically update the Veteran medical record		Final			VA Lead	Dr. Jonathan Nebeker		
VA-NF-Z08	Consent	As required by policy, System shall automatically opt-out those patients whose authorizations have expired until a new authorization is entered		Final			VA Lead	Dr. Jonathan Nebeker		
VA-NF-Z09	HIE	System shall provide patients with VA defined on-line help and access to Frequently Asked Questions (FAQ) with answers for help with the online process for submitting consent directives or questions about the VHIE program (patient		Final			VA Lead	Dr. Jonathan Nebeker		
VA-NF-Z10	HIE	The system will be capable of extracting all transactional data related to consents to analytical warehouse for monitoring (by person, partner, status etc.)		Final			VA Lead	Dr. Jonathan Nebeker		
VA-NF-Z11	HIE	The system shall support VA electronic exchange of health records via other interoperable networks (e.g. CareQuality, CommonWell Health Alliance, DirectTrust, National Association for Trusted Exchange) by supporting their specifications, security and content specifications		Final			VA Lead	Dr. Jonathan Nebeker		
VA-NF-Z12	HIE	The system shall provide dashboard to monitor data exchanges and provide access to VA exchange performance reports, such as numbers of Veterans documents sent and received and response times. System shall be able to analyze, report and display the performance of outbound transactions [PD, QD, RD, Doc Submission, Direct messages] (average response time, # of total transactions/month, # of failed transactions, point of failures, why failed and where failed, error code w/explanation, other metadata: sent to which partner, sent by which user, mode of request (ROI/pre-fetch/e-benefits/MHV), purpose		Final			VA Lead	Dr. Jonathan Nebeker		
VA-NF-Z13	HIE	System shall interface with Record Locator Services provided by CommonWell and other standards-based networks, as approved through		Final			VA Lead	Dr. Jonathan Nebeker		
VA-NF-Z14	HIE	By IOC, the system shall connect with all current eHealth Exchange VA partners		Final			VA Lead	Dr. Jonathan Nebeker		
	Informatics									
VA-NF-T46		The system shall support provenance (chain of custody or ownership) and pedigree (processing history how the data was produced or incorporated) and enable identification, collection, and production of data according to source, custody and ownership and display of data in business, logical, legal or physical models.		Final		Functional Suitability	EHRM Lead	Dr. Jonathan Nebeker		
	Service Level Agreement (SLA)									



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VA-NF-000	SLA Baseline as delivered to DoD	The system shall provide, as a baseline, the service level agreement as specified in the Cerner SLA Commercial Offering and MHS Genesis / Leidos SLA.	The VA has reviewed, acknowledged and accepted all of the DoD SLA and Cerner Commercial Offering as our base set of requirements. The following requirements define the VA's specific SLA requirements for the acquisition.  Source Ref: Cerner Leidos SLAs.docx, Commercial RHO SLAs and Performance Warranty.docx	Final		Performance Efficiency		John Short		
VA-NF-94		<del>Successful Transaction Ratio — The Mission Critical System should return an overall percentage of transactions for a specific operation initiated by a user that are completed successfully (no timeout or other errors detected) within a specified mix of peak and/or non-peak period within targets established by the Project Team. values for mission critical systems are at least 99.9% of the time (99.9% of the transactions being successful), with a goal of 100% of the</del>	<del>How accurate is the information obtained by the system</del>	Final		Performance Efficiency	EHRM Lead	Marilyn Hodge		
VA-NF-86	Availability	User Operational Availability - System availability exclusive of planned downtime shall be 99.9% for the Tier I production systems as defined in the Hosting Scope document. System availability exclusive of planned downtime shall be 99.9% for the HA-CAS production systems as defined in the Hosting Scope document. HealthIntent components required for data migration and continuity of care shall have the same SLA and penalties as Tier I production systems as defined in the Hosting Scope document.  <del>The System shall be available (uptime not excluding planned downtime) at a percentage of total possible operational time at least 99.9% of the time (downtime not to exceed xx hours/year or xxx minutes/ month), with a goal of 99.99% of the time (downtime not to exceed 0.876 hours/year or</del>	Availability - how available is the system for use	Final	partial - 38423, 38582	Reliability	EHRM Lead	Marilyn Hodge		
VA-NF-100	Capacity & Scalability	The provider-facing solutions shall scale to support 328,000 named users and to accommodate current and future VA usage patterns.  <del>Solution shall support the expected concurrent processing of data by end users and other connections commensurate with the rate of 190,000 concurrent users or connections.</del>	Concurrent Sessions - Concurrent sessions are every logical connection existing at a given point in time between the database and an end-user interface device. Each such existing connection is counted as a concurrent session whether or not it is actually in use. If an individual end user establishes multiple connections, each one is counted as a separate concurrent session, even if they share a common physical pathway. The number of connections is not reduced by any program or machine, such as a front-end server or multiplexer, which may be used to concentrate the connections. Each batch process being executed at the same time is also considered a concurrent session.  This metric is used for correlation purposes against other metrics to understand how many connections are active when a performance issue is exposed. Metric Source: Please refer to VA.ConcurrentUsers.All - Pivot.xlsx provided	Final		Performance Efficiency	EHRM Lead	Marilyn Hodge		

Ref #	Capabilities	Definition	RTM Clarification	VA Status	DoD Ref (If Applicable)	Type / Category (ISO/IEC 25010:2011)	Source	VA Owner	Met/Not Met (Cerner Field)	Solution Name (Cerner Field)
VA-NF-146	Compute Resource Consumption	Compute resource consumption shall be tested against established requirements and workload projections and supported by a continuous capacity plan to include methods, tools, and processes for monitoring, reporting, and adjusting the operational systems		Final		Performance Efficiency	DEA.04.04.06 Capacity and Scalability (767971)	Marilyn Hodge		
VA-NF-179	Enterprise Service Level Criteria - Maintenance	System maintenance shall be during non-clinical hours as coordinated through joint governance	Scheduled and non-scheduled maintenance should occur between the hours of 1800 and 0600, when clinical usage would be lightest	Final		Maintainability	EHRM Lead	Marilyn Hodge		
VA-NF-181		The system shall recover within minutes (when failover is an option) and 2-8 hours (when failover is not an option)	The system shall recover as quickly as possible following an outage. Failover system shall be in place and utilized whenever feasible to minimize downtime	Final		Reliability	EHRM Lead	Marilyn Hodge		
VA-NF-223		Threshold = 99.9% (System and application availability to support type of care provided at individual medical units wherever they are)		Final	38423, 38582	Performance Efficiency	eHMP NONF3192	Kelly, Ed		
VA-NF-T110		The vendor shall maintain an environment that demonstrates a recovery time objective (RTO) of less than 60 minutes for any service location(s).		Final		Reliability	Capacity Performance Engineering Division/EPMO	Kelly, Ed		
VA-NF-T111		The vendor shall maintain an environment that demonstrates a recovery point objective (RPO) of less than 10 minutes for any service location(s).		Final		Reliability	Capacity Performance Engineering Division/EPMO	Kelly, Ed		
VA-NF-XXX1	Customer Support	Average Speed to Answer will be <= 40 seconds	The length of time that a caller has to wait on hold before the line is answered by the Millennium Service Desk analyst	Final		Customer Support	Enterprise Service Desk	Tim Jones		
VA-NF-XXX2	Customer Support	Abandonment Rate will be <=5% of all calls presented	The percentage of times in which a person calling the Millennium Service Desk gives up calling and hangs up the phone prior to a Millennium Service Desk analyst answering the call.	Final		Customer Support	Enterprise Service Desk	Tim Jones		

Development Needed <i>(Cerner Field)</i>	Confirmed in Scope Document <i>(Cerner Field)</i>	Sort Column
		508 Compliance
		508 Compliance
		Access Management
		Access Management
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		Access Management

Development Needed (Cerner Field)	Confirmed in Scope Document (Cerner Field)	Sort Column
		Access Management
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		Access Management
		Access Management
		Data Management

Development Needed (Cerner Field)	Confirmed in Scope Document (Cerner Field)	Sort Column
		Data Management
		Data Management
		Data Management
		Data Management
		Identity Management
		Identity Management
		Identity Management
		Identity Management
		Identity Management

Development Needed (Cerner Field)	Confirmed in Scope Document (Cerner Field)	Sort Column
		Identity Management
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Development Needed (Cerner Field)	Confirmed in Scope Document (Cerner Field)	Sort Column
		Identity Management
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		Identity Management
		Identity Management
		Information Assurance / Security
		Information Assurance / Security
		Information Assurance / Security
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		Information Assurance / Security

Development Needed (Cerner Field)	Confirmed in Scope Document (Cerner Field)	Sort Column
		Information Assurance / Security
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Development Needed <i>(Cerner Field)</i>	Confirmed in Scope Document <i>(Cerner Field)</i>	Sort Column
		Information Assurance / Security
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		Information Assurance / Security
		Information Assurance / Security
		Interoperability
		Interoperability
		Interoperability
		Interoperability
		Interoperability

Development Needed (Cerner Field)	Confirmed in Scope Document (Cerner Field)	Sort Column
		Interoperability
		Interoperability
		Pharmacy
		Pharmacy
		Pharmacy
		Pharmacy
		Pharmacy
		Pharmacy
		Pharmacy
		Pharmacy
		Pharmacy
		Reliability / Scalability / Maintainability
		Reliability / Scalability / Maintainability
		Reliability / Scalability / Maintainability

Development Needed (Cerner Field)	Confirmed in Scope Document (Cerner Field)	Sort Column
		Reliability / Scalability / Maintainability
		Reliability / Scalability / Maintainability
		Synchronizatio n: Low-Comm / No-Comm
		Synchronizatio n: Low-Comm / No-Comm
		Reliability / Scalability / Maintainability
		Interoperability
		Interoperability
		Interoperability

Development Needed (Cerner Field)	Confirmed in Scope Document (Cerner Field)	Sort Column
		Interoperability
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		Interoperability

Development Needed (Cerner Field)	Confirmed in Scope Document (Cerner Field)	Sort Column
		SLA
		SLA
		SLA
		SLA

Development Needed (Cerner Field)	Confirmed in Scope Document (Cerner Field)	Sort Column
		SLA
		SLA
		SLA
		SLA
		SLA
		SLA
		SLA
		SLA

**From:** Blackburn, Scott R.  
**To:** Marc Sherman  
**Cc:** IP: (b)(6)@gmail.com; Bruce Moskowitz; (b)(6); Windom, John H.; DJS; (b)(6); Fleck, Robert R.; Foster, Michele (SES)  
**Subject:** VHA EHR - 2 calls that my assistant will set up  
**Date:** Tuesday, March 13, 2018 5:04:00 PM

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Marc/Bruce/Ike – thank you so much for the prompt replies. I just spoke to Bruce. We've got 100% participation (Stephanie Reel, Stan Huff, Jon Manis, Dr. Ko, Dr. Karson, Dr. Cooper, and Dr. Shretha) and we are moving forward. (b)(6) (cc'd, our contracting officer) is making sure everyone has the right material. (b)(6) my assistant, cc'd here) will be organizing a few phone calls in 2 steps:

Step 1 – Basic orientation to the government contract structure. This will be a 30-45 minute orientation so that folks know what they are looking at. John Windom and (b)(6) will host this and clue people into the parts to focus on and parts that are standard government things that are less relevant. This can be done in groups (ideally) or in one-offs to fit to accommodate people's busy schedules. (b)(6) has already scheduled 2 times in case these work for you. If they do not, she will work with your schedulers to find other times in the next 24-48 hours (sooner the better).

- Thursday 8:30-9:15am ET – Stephanie Reel confirmed
- Thursday 11:30am-12:15pm ET – Stan Huff confirmed

Step 2 – Feedback calls. Per Bruce's idea, we'll schedule 2 separate feedback calls for early next week. Both 90 minutes each. We are aiming for Monday, Tuesday or Wednesday at the latest. (b)(6) will set these up.

- CIOs (Reel, Huff, Manis, Shretha – and of course each of you are encouraged to join)
- Doctors (Dr. Karson, Dr. Ko, and Dr. Cooper – and of course each of you are encouraged to join)

Let me know how this sounds. Thank you again for your support and assistance on this critical matter.

Scott

**From:** Marc Sherman (b)(6)@gmail.com]  
**Sent:** Tuesday, March 13, 2018 1:40 PM  
**To:** Blackburn, Scott R.  
**Cc:** IP: (b)(6)@gmail.com; Bruce Moskowitz (b)(6); Windom, John H.; DJS  
**Subject:** [EXTERNAL] Re: VA EHR NDA

Scott, (b)(6) and John

Thank you for the NDA draft that you sent along and the organized approach. I have attached the following to close the loop:

1. a marked up version of the NDA with a few necessary adjustments in red-line so you can see the changes that were made,

2. a blank copy of the amended NDA for Bruce and Ike to sign, and
  3. a signed version by me of the amended NDA.
- Thanks and happy to help as requested.

Marc

On Tue, Mar 13, 2018 at 10:31 AM, Blackburn, Scott R. <[Scott.Blackburn@va.gov](mailto:Scott.Blackburn@va.gov)> wrote:  
Ike, Bruce, Marc:

Thank each of you for agreeing to lend an extra set of outside eyes on the EHR contract. We appreciate your support and want to make sure we get to the best place possible for Veterans, the country and taxpayers. As we are incredibly grateful to you for volunteering your time, we want to make this as easy as possible for you. Here are 3 next steps.

- 1) We will need you to sign the attached NDA. Please return to (b)(6) (cc'd).
- 2) (b)(6) will then send you the latest package under separate cover.
- 3) Given government contracts are different than what you are used to reading, we would propose a quick phone call so that we can orient you to the contract and help focus you on the parts where your expertise will be most valuable. (b)(6) (who is the government contracting officer) and John Windom (who is our EHR leader) will lead this from our side. I will ask (b)(6) (cc'd) here to help set up a time. We can either do this all together, if calendars match up, or separately if need be.

We have also connected with Stephanie Reel, Stan Huff, Dr. Karson, Dr. Ko, Dr. Shretha, and Jon Manis who all have all received the NDA and we are working with them. I am hoping to connect with Dr. Cooper today.

Thanks again!  
Scott

**Scott Blackburn**

Acting CIO & Executive-in-Charge, Office of Information & Technology  
Department of Veterans Affairs



## VIEWPOINT

# What This Computer Needs Is a Physician Humanism and Artificial Intelligence

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California.

The nationwide implementation of electronic medical records (EMRs) resulted in many unanticipated consequences, even as these systems enabled most of a patient's data to be gathered in one place and made those data readily accessible to clinicians caring for that patient. The redundancy of the notes, the burden of alerts, and the overflowing inbox has led to the "4000 keystroke a day" problem<sup>1</sup> and has contributed to, and perhaps even accelerated, physician reports of symptoms of burnout. Even though the EMR may serve as an efficient administrative business and billing tool, and even as a powerful research warehouse for clinical data, most EMRs serve their front-line users quite poorly. The unanticipated consequences include the loss of important social rituals (between physicians and between physicians and nurses and other health care workers) around the chart rack and in the radiology suite, where all specialties converged to discuss patients.

The lessons learned with the EMR should serve as a guide as artificial intelligence and machine learning are developed to help process and creatively use the vast amounts of data being generated in the health care system. Outside of medicine, the use of artificial

intelligence in predictive policing, bail decisions, and credit scoring has shown that artificial intelligence can actually exaggerate racial and other bias. For example, a program used for risk assessment by US courts mistakenly flagged black prisoners as likely to offend at twice the rate it mistakenly flagged white prisoners.<sup>2</sup>

## The 2 cultures—computer and the physician—must work together.

Similar concerns around artificial intelligence predictive models in health care have been discussed: clearly, in the 3-step process of selecting a dataset, creating an appropriate predictive model, and evaluating and refining the model, there is nothing more critical than the data. Bad data (such as from the EMR) can be amplified into worse models. For example, a model might classify patients with a history of asthma who present with pneumonia as having a lower risk of mortality than those with pneumonia alone,<sup>3</sup> not registering the context that this is an artifact of clinicians admitting and treating such patients earlier and more aggressively. Since machine learning presents no human interface and cannot be interrogated, even if its predictions are extraordinarily accurate, some clinicians are likely to view the "black box" with suspicion.

The missing piece in the dialectic around artificial intelligence and machine learning in health care is understanding the key step of separating prediction from action and recommendation. Such separation of prediction from action and recommendation requires a change in how clinicians think about using models developed using machine learning. In 2001, the statistician Breiman<sup>4</sup> suggested the need to move away from the culture of assuming that models that are not causal and cannot explain the underlying process are useless. Instead, clinicians should seek a partnership in which the machine predicts (at a demonstrably higher accuracy), and the human explains and decides on action. The same sentiment was expressed by Califf and Rosati as early as 1981 in an editorial on predictive risk factors emerging from a computer database on exercise testing for coronary artery disease: "Proper interpretation and use of computerized data will depend as much on wise doctors as any other source of data in the past."<sup>5</sup>

The 2 cultures—computer and the physician—must work together. For example, clinicians are biased toward optimistic prediction, often overestimating life expectancy by a factor of 5, while predictive models trained from vast amounts of data do better; using these well-calibrated probability estimates of an outcome, clinicians can then can act appropriately for patients at the highest risk.<sup>6</sup> The lead time a predictive model can offer to allow for an alternative action matters a great deal. Well-

calibrated levels of risk for each outcome, and the timely execution of an alternative action, are needed for a model to be useful. In short, a black-box model can lead physicians to good decisions but only if they keep human intelligence in the loop, bringing in the societal, clinical, and personal context. Additionally, the unique human brain and clinical training can generate new ideas, see new applications and uses of artificial intelligence and machine learning, and connect these technologies to the humanities and the social sciences in ways that current computers do not.

The ability of artificial intelligence to automate and help in the clerical functions (such as servicing the EMR) that now take up so much of a clinician's time would also be welcome. Although not currently accurate enough, automated charting using speech recognition during a patient visit would be valuable and could free clinicians to return to facing the patient rather than spending almost twice as much time on the "iPatient"—the patient file in the EMR.<sup>7</sup> More time for human-to-patient interaction might both improve care and allow physicians to record, and accurately register, more phenotypes<sup>8</sup> and more nuance. Better diagnosis, and diagnostic algorithms providing more

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accurate differential diagnoses, might reshape the traditional CPC (clinical problem solving) exercise, just as the development of imaging modalities and sophisticated laboratory testing made the autopsy less relevant.

As with the EMR, there are legitimate concerns that artificial intelligence applications might jeopardize critical social interactions between colleagues and with the patient, affecting the lived experiences of both groups. But concerns about physician "unemployment" and "de-skilling" are overblown.<sup>9</sup> In the same manner that automated blood pressure measurement and automated blood cell counts freed clinicians from some tasks, artificial intelligence could

bring back meaning and purpose in the practice of medicine while providing new levels of efficiency and accuracy. Physicians must proactively guide, oversee, and monitor the adoption of artificial intelligence as a partner in patient care.

In the care of the sick, there is a key function played by physicians, referred to by Tinsley Harrison as the "priestly function of the physician." Human intelligence working with artificial intelligence—a well-informed, empathetic clinician armed with good predictive tools and unburdened from clerical drudgery—can bring physicians closer to fulfilling Peabody's maxim that the secret of care is in "caring for the patient."

#### ARTICLE INFORMATION

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